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2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03 FEB 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018819

1. Entity Name
Breakstone Homes - Sales Division, Inc.

DO NOT WRITE IN THIS SPACE

100013278641
02/28/03--01058--014 **68.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Ponce de Leon Blvd	~~same~~ same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. FEI Number: 65-0916987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Filings, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3732 NW 16th St.

City: Ft. Lauderdale FL Zip Code: 33311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NO Signature necessary. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Enrique Wolf
STREET ADDRESS	1200 Ponce de Leon Blvd.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VP/D
NAME	Ed Kopetman
STREET ADDRESS	1200 Ponce de Leon Blvd.
CITY-ST-ZIP	Coral gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Enrique Wolf 12/18/02 (305)705-0001
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

JJ 2/24