

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-18-2000 90340 023 ***150.00

DOCUMENT # P99000034534

1. Entity Name

LANDMARK WATERFRONT HOMES, INC.

Principal Place of Business

**3900 BONAVENTURE BOULEVARD
FT. LAUDERDALE FL 33332**

Mailing Address

**3900 BONAVENTURE BOULEVARD
FT. LAUDERDALE FL 33332-2113**

2. Principal Place of Business

3120 S.W. 187 Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Same

Zip

33029

Country

USA

Zip

Same

Country

Same

4. FEI Number

65-0912571

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
FT. LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BELLET, MICHAEL**
STREET ADDRESS **3900 BONAVENTURE BOULEVARD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3120 S.W. 187 Terrace**
CITY-ST-ZIP **Miramar, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Bellet

4/28/00

954-443-5311

CR2034 (9/99)