

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90001 015 ***150.00

0160075 AV

DOCUMENT # P99000034534

1. Entity Name

LANDMARK WATERFRONT HOMES, INC.

Principal Place of Business

**3120 S.W. 187 TERRACE
 MIRAMAR FL 33029
 US**

Mailing Address

**3120 S.W. 187 TERRACE
 MIRAMAR FL 33029
 US**



2. Principal Place of Business

**PO BOX 2205
 Suite, Apt. #, etc.
 1404 E. LAS OLAS BLVD.**

3. Mailing Address

**PO BOX 2205
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE FL

4. FEI Number

65-0912571

Applied For

Not Applicable

Zip

33303

Country

USA

Zip

33303

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LEGAL INFORMATION SERVICES, INC.

1290 WESTON ROAD

SUITE 300

FT. LAUDERDALE FL 33326

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BELLET, MICHAEL	
STREET ADDRESS	PO BOX 2205	
CITY-ST-ZIP	FT LAUDERDALE FL 33303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Michael Bellet
MICHAEL BELLET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

954-522-7578

Date

Daytime Phone #

CR2E034 (9/01)