## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

Mailing Address

## **DOCUMENT # P99000040914**

1. Entity Name

Principal Place of Business

## G.L. HOMES OF MIRAMAR II CORPORATION



**FILED** May 05, 2004 8:00 am Secretary of State

05-05-2004 90242 037 \*\*\*158.75

1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071			1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071			14022104		
					1		BIII BIBIT BBIIB IBIBI MBII BII	(CET) (1 101)
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2	2E034 (11/03)	
City & State			City & State		4.	FEI Number 65-0932078	<u> </u>	plied For
Zip	Country		Zip	Country		Certificate of Status Desired [	\$8.75 Add Fee Require	litional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
				Name				
GRANT, MARK F ESQ 200 EAST BROWARD BLVD 15TH FLOOR				Stree	Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33301							, <u></u>	
				City			FL Zip Cod	e
	named entity ions of regist		the purpose of changing it	s registered office	or registered ac	gent, or both, in the State of Florida	. I am familiar with,	and accept
SIGNATURE .	C	or printed name of registered agent a	0.0	T- 0			DATE	
Total Principles and the	algriature, typed	or printed name of registered agent a	in the rappicable. (NO	TE. Registered Agent sig	nature required when	ensiang)	DATE	
Afte	r May 1, 200	!! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department of	State .			Election Campaign Financi     Trust Fund Contribution.	~ _ +0,-	<b>0</b> May Be I to Fees
10. OFFICERS AND DIRECTORS				11.	AI	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME	DP EZRATTI,	IT7HAK	☐ Delete	TITLE NAME	MONEN	Idez, N. MAR	IA □ Change	Addition
STREET ADDRESS	1	'ERSITY DRIVE, SUITE 2	00	STREET ADDRES	s 1401	UNIVERSITY DR	#200	
CITY-ST-ZIP	}	RINGS FL 33071		CITY-ST-ZIP	CoRa	1 SPRINGS, F	1 3307	/
TITLE	VPAS	A N I I	Delete	TITLE				Addition
NAME STREET ADDRESS	FANT, ALA	AN J ERSITY DRIVE, SUITE 2:	00	NAME STREET ADDRES	SILLOI	AN STEVEN MY UNIVERSITY DI	7 #200	
CITY-ST-ZIP	1	RINGS FL 33071		CITY-ST-ZIP	CORA	1 SPRINGS, FL	33071	Ì
TITLE	VT		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET AODRESS		O, RICHARD A	00	NAME STREET ADDRES				
CITY-ST-ZIP		'ERSITY DRIVE, SUITE 2 DBEACH FL 33071	00	CITY-ST-ZIP	°			
TITLE	V		☐ Delete	TITLE			☐ Change	Addition
NAME		K, RICHARD M YERSITY DRIVE, SUITE 2	00	NAME	_			ĺ
STREET ADDRESS CITY-ST-ZIP		RINGS FL 33071	00	STREET ADDRES CITY-ST-ZIP	5			
TITLE	S	DALII.	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CORBAN,	PAUL PERSITY DR STE 200		NAME				i
STREET ADDRESS CITY-ST-ZIP	1	RINGS FL 33071		STREET ADDRES CITY-ST-ZIP	5			
TITLE	<del>                                     </del>		□ n-1-4-	TITLE	<del> </del>		☐ Change	☐ Addition
III&L	ţ		☐ Delete	11122			Ontarigo	
NAME	t I		To Delete	NAME				_
			Li Delett		s			

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 10 or Block 11 if changed, or on an attachment

**SIGNATURE:** 

Maria Menendez, Vice Presided