

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90386 020 \*\*\*150.00

**DOCUMENT # P99000064392**

1. Entity Name

**ARBOR CHASE LUXURY ESTATE HOMES, INC.**

Principal Place of Business

**6917 COLLINS AVENUE  
MIAMI BEACH FL 33141**

Mailing Address

**6917 COLLINS AVENUE  
MIAMI BEACH FL 33141**



2. Principal Place of Business

**1250 E. Hallandale Beach Blvd.**

3. Mailing Address

**1250 E. Hallandale Beach Blvd.**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Hallandale Florida**

City & State

**Hallandale Florida**

Zip

**33009**

Country

**US**

Zip

**33009**

Country

**US**

4. FEI Number

**65-0941887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NESTOR, BRENDA**

**6917 COLLINS AVENUE**

**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **Brenda Nestor**

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

**1250 E. Hallandale Beach Blvd.**

**Suite 300**

City

**Hallandale**

**FL**

Zip Code **33009**

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

*Brenda Nestor*  
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/5/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD NESTOR, BRENDA 6917 COLLINS AVENUE MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD COLVIN, MELVIN 6917 COLLINS AVENUE MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPCD POSNER, VICTOR 6917 COLLINS AVENUE MIAMI BEACH FL 33141</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LAUNER, BLANCHE 6917 COLLINS AVENUE MIAMI FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/Pres/CEO/AT/AS/Dir</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300 Hallandale, Florida 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-Chairman/Ex.VP/AT/AS/Dir</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300 Hallandale, Florida 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300 Hallandale, Florida 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/AT McGann Edward T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300 Hallandale, Florida 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE:

*Brenda Nestor*  
Brenda Nestor / President

Date

Nexttime Phone #

CR2E034 (9/01)