

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90136 044 ***158.75

DOCUMENT # R99000068702

1. Entity Name
G.L. HOMES OF PALM BEACH II CORPORATION



Principal Place of Business
**1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0953586**

Applied For
Not Applicable

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

GRANT, MARK F ESQ
200 EAST BROWARD BLVD 15TH FLOOR
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

TITLE **V** ☐ Change ☒ Addition
NAME **N. MARIA MENENDEZ**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE **VPAS** ☐ Delete
NAME **GRANT, MARK F**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **VT** ☐ Delete
NAME **COSTELLO, RICHARD A**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **V** ☐ Delete
NAME **NORWALK, RICHARD M**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **S** ☐ Delete
NAME **CORBAN, PAUL**
STREET ADDRESS **1401 UNIVERSITY DR STE 200**
CITY-ST-ZIP **POMPANO BEACH FL 33071**

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

TITLE **V** ☐ Delete
NAME **HELFMAN, STEVEN M**
STREET ADDRESS **1401 UNIVERSITY DR SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **REQUIRED**

Richard M. Norwalk, V.P.

April 29, 2003

954.753.1730

1. If the above information is typed or printed name of signing officer or director

Date

Daytime Phone #

0199526 AV

0199526 AV

CR2E034 (10/02)