

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 031 ***150.00

DOCUMENT # **P 99060070953** ✓

1. Entity Name

Community Homes of Greenacres, Inc.

Principal Place of Business

Mailing Address

11270 Island Lakes Lane **11270 Island Lakes Lane**
Boca Raton, Fl. **Boca Raton, Fl.**
33498 **33498**

2. Principal Place of Business

3. Mailing Address

11725 Watercrest Lane **11725 Watercrest Lane**
Boca Raton, Fl. **Boca Raton, Fl.**

City & State

City & State

33498

33498

Zip

Country

Zip

Country

4. FEI Number

Applied For

65-0937834

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

7. Name and Address of New Registered Agent

Guillermo Ferrer
11270 Island Lakes Lane
Boca Raton, Fl. 33498

Name **Guillermo Ferrer**
 Street Address (P.O. Box Number is Not Acceptable)
11725 Watercrest Lane
Boca Raton, Fl.
 City **FL** Zip Code **33498**

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, 2001 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 **President** ☐ Delete
 NAME **Guillermo Ferrer**
 STREET ADDRESS **11270 Island Lakes Lane**
 CITY-ST-ZIP **Boca Raton, Fl. 33498**

TITLE **President** ☒ Change ☐ Addition
 NAME **Guillermo Ferrer**
 STREET ADDRESS **11725 Watercrest Lane**
 CITY-ST-ZIP **Boca Raton, Fl. 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guillermo Ferrer **4/26/01 (561) 479-2194**

CR2E034 (1/1/00)