

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000109285**

1. Entity Name  
**SYMPHONY BUILDERS AT THE BREEZES, INC.**

Principal Place of Business  
**1700 NORTH UNIVERSITY DRIVE #302  
CORAL SPRINGS FL 33071**

Mailing Address  
**1700 NORTH UNIVERSITY DRIVE #302  
CORAL SPRINGS FL 33071**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **4. FEI Number** **65-0968380** **Applied For**  
**Not Applicable**

Zip **5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

#### 6. Name and Address of Current Registered Agent

**LARRY A. ROTHENBERG, P.A.  
900 NORTH FEDERAL HIGHWAY  
SUITE 460  
BOCA RATON FL 33432**

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.

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

TITLE **D**  Delete  
NAME **MOSCOVITCH, LEWIS**  
STREET ADDRESS **1700 NORTH UNIVERSITY DRIVE #302**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

#### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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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:

*LEWIS MOSCOVITCH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 954-341-1499

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90186 012 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)