

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31668

1. Entity Name  
HEARTWOOD 21 INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90067 030 \*\*\*150.00

Principal Place of Business  
1750 E. SUNRISE BLVD.  
FORT LAUDERDALE FL 33304  
US

Mailing Address  
1750 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304  
US

B0041438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0249238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FURMAN, JACK A.  
1750 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

Name

Jarett S. Levan

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

1750 E. Sunrise Blvd.

City Fort Lauderdale

FL

Zip Code 33304

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 Jarett S. Levan Jarett S. Levan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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 D ☐ Delete  
NAME LEVAN, ALAN B.  
STREET ADDRESS 1750 E. SUNRISE BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE DP ☐ Delete  
NAME GRIECO, FRANK V.  
STREET ADDRESS 1750 E. SUNRISE BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE VP ☐ Delete  
NAME ABER, WILLIAM  
STREET ADDRESS 1750 E. SUNRISE BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE ST ☐ Delete  
NAME LEVAN, JARETT S  
STREET ADDRESS 1750 E. SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

JARETT S. LEVAN

Date

Daytime Phone #

4/20/01

954-585-2710

CR2E034 (10/00)