

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048845

1. Entity Name

SUNSET POINTE AT SILVER LAKES ASSOCIATES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90039 031 ***150.00

Principal Place of Business 1240 SW 177 TERR PEMBROKE PINES FL 33029 US	Mailing Address 1240 SW 177 TERR PEMBROKE PINES FL 33029-4826 US
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2. Principal Place of Business 17314 SW 12th Street Suite, Apt. #, etc.	3. Mailing Address 17314 SW 12th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Pembroke Pines, FL 33029	City & State Pembroke Pines, FL 33029	4. FEI Number 65-0443073	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HODKIN, PETER M 2101 W COMMERCIAL BLVD #4100 FT LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One East Broward Blvd #1501 City Fort Lauderdale FL Zip Code 33301
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, DAVID 1011 NW 121 TERR CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, ANDREW 7610 N CYPRESS HEAD DR PARKLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, STEVEN 1233 SW 177TH TERR PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17314 SW 12th Street Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZUCKERMAN, MELVIN 1233 SW 177TH TERR PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17314 SW 12th Street Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: [Signature] Zuckerman Date: 3/28/00 Daytime Phone #: 954-437-1213

CR2E034 (9/99)