FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 21, 2001 8:00 am DOCUMENT # P93000048845 Secretary of State SUNSET POINTE AT SILVER LAKES ASSOCIATES, INC. 03-21-2001 90056 024 ***150.00 Principal Place of Business Mailing Address 17314 SW 12TH STREET 17314 SW 12TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0443073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD 1501 FORT LAUDERDALE FL 33301 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change TITLE ☐ Detete TITLE ZUCKERMAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1011 NW 121 TERR CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** Addition ☐ Delete Change Change TITLE TITLE NAME ZUCKERMAN, ANDREW NAME STREET ADDRESS STREFT ADDRESS 7610 N CYPRESS HEAD DR CITY-ST-7IP CITY_ST_7IP PARKLAND FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ZUCKERMAN, STEVEN NAME STREET ADDRESS STREET-ADDRESS -17314:SW=12TH-STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33029 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ZUCKERMAN, MELVIN NAME STREET ADDRESS STREET ADDRESS 17314 SW 12TH STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33029 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.

Zickerman