

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 039 ***550.00

DOCUMENT # P96000073500

1. Entity Name

THE PRUDENTIAL FLORIDA PROPERTIES, INC. ✓

Principal Place of Business

6175 BAYVIEW DRIVE
 FT LAUDERDALE FL 33308

Mailing Address

6175 BAYVIEW DRIVE
 FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-3156539

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

CHEROF, JAMES A
3099 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **D**
 STREET ADDRESS **LATZ, GORDON**
 CITY-ST-ZIP **6175 BAYVIEW DRIVE**
FT LAUDERDALE FL 33308

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-00

Date

954-491-3100

Daytime Phone #

CR2E034 (5/00)