

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90948 023 ***150.00

DOCUMENT # *PA80000047719*
1. Entity Name
ZUCKERMAN HOMES OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

80057978

2. Principal Place of Business 3111 UNIVERSITY DRIVE		3. Mailing Address 3111 UNIVERSITY DRIVE	
Suite, Apt. #, etc. SUITE 610		Suite, Apt. #, etc. SUITE 610	
City & State CORAL SPRINGS, FL.		City & State CORAL SPRINGS, FL.	
Zip 33065	Country U.S.A.	Zip 33065	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839868		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HODKIN, PETER M.**

Street Address (P.O. Box Number is Not Acceptable)
1 E. BROWARD BLVD.

SUITE 1501

City **FORT LAUDERDALE, FL** Zip Code **33301**

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 _____ DATE _____
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 Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, ANDREW 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, DAVID 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, STEVEN 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all the like empowered.

SIGNATURE: *[Signature]* **Pres.** **3-21-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)