

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-31-2000 90039 032 ***150.00

DOCUMENT # V74240

1. Entity Name

THE ENCLAVE AT SILVER LAKES, INC.

Principal Place of Business

Mailing Address

1233 SW 177TH TERR.
 PEMBROKE PINES FL 33029
 US

1233 SW 177TH TERR.
 PEMBROKE PINES FL 33029-4802
 US

2. Principal Place of Business

17314 SW 12th Street

3. Mailing Address

17314 SW 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL 33029

City & State

Pembroke Pines, FL 33029

Zip

Country

Zip

Country

4. FEI Number

65-0371773

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODKIN, PETER M
2101 W COMMERCIAL BLVD
#4100
FORT LAUDERDALE FL 33309

Name

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

One East Broward Blvd. #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 _____

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 \$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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ZUCKERMAN, DAVID
STREET ADDRESS	1233 SW 177TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	ZUCKERMAN, ANDREW
STREET ADDRESS	1233 SW 177TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	ZUCKERMAN, STEVEN
STREET ADDRESS	1233 SW 177TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	ZUCKERMAN, MELVIN
STREET ADDRESS	1240 SW 177TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17314 SW 12th Street
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17314 SW 12th Street
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17314 SW 12th Street
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17314 SW 12th Street
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

STEVEN ZUCKERMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
 Date

954-437-1213
 Daytime Phone #