

2002 UNIFORM BUSINESS REPORT (UBR)

0009196 AT

DOCUMENT # **A94000000632**

1. Entity Name

SUNSET POINTE AT SILVER LAKES ASSOCIATES, LTD.

FILED

02 APR -1 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

17314 SW 12TH STREET
PEMBROKE PINES FL 33029

Mailing Address

17314 SW 12TH STREET
PEMBROKE PINES FL 33029

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

DUE BY MAY 1, 2002

4. FEI Number

65-0443080

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M ESQ.
ONE EAST BROWARD BLVD., #1501
FORT LAUDERDALE FL 33301

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

DATE

9. Capital Contributions
as Shown on record.

\$150,485.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000048845
NAME SUNSET POINTE AT SILVER LAKES ASSOC., INC.
STREET ADDRESS 17314 SW 12TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610
CITY-ST-ZIP CORAL SPRINGS, FL 33065

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STEVEN ZUCKERMAN 3/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE