

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 031 ***150.00

0345398 AV

DOCUMENT # J12091
 1. Entity Name
THE GINGERBREAD HOUSE, INC.

Principal Place of Business Mailing Address
% IRA L. ZUCKERMAN **% IRA L. ZUCKERMAN**
~~7771 W OAKLAND PARK BV STE 215~~ ~~7771 W OAKLAND PARK BV STE 215~~
~~SUNRISE FL 33351~~ ~~SUNRISE FL 33351~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2200 N. COMMERCE PKWY **2200 N. COMMERCE PKWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 206 **SUITE 206**
 City & State City & State
WESTON FL **WESTON FL**
 Zip Country Zip Country
33326 **USA** **33326** **USA**

4. FEI Number Applied For
59-2686533 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZUCKERMAN, IRA L.
~~7771 W OAKLAND PARK BV 215~~
~~SUNRISE FL 33351~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2200 N. COMMERCE PKWY
SUITE 206
 City State Zip Code
WESTON **FL** **33326**

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 IRA L. ZUCKERMAN *[Signature]* 4/26/02
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZUCKERMAN, GENEVIEVE 1418 LANTANA DR. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUCKERMAN, IRA L. 1418 LANTANA DR. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 4/26/02 (954) 349-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)