

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90167 035 \*\*\*150.00

DOCUMENT # M44087

1. Corporation Name

BANKATLANTIC VENTURE PARTNERS 2, INC.

Principal Place of Business

1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

Mailing Address

1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1986

4. FEI Number

65-0003147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARVALHO, JEAN  
1750 E SUNRISE BLVD  
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name JACK A. FURMAN ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)  
1750 E. SUNRISE BLVD.

83

84 City PORT LAUDERDALE FL 85 Zip Code 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME ABDO, JOHN E.  
STREET ADDRESS 1750 E SUNRISE BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S  
NAME CARVALHO, JEAN  
STREET ADDRESS 1750 E. SUNRISE BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPT  
NAME GILBERT, GLEN  
STREET ADDRESS 1750 E SUNRISE BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY  
2.2 NAME JANETT SLEVAN  
2.3 STREET ADDRESS 1750 E. SUNRISE BLVD.  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FLA. 33304

3.1 TITLE V/T/D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE C/D  
4.2 NAME Alan B. Levan  
4.3 STREET ADDRESS 1750 East Sunrise Boulevard  
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

5.1 TITLE D/V  
5.2 NAME Frank J. Abdo  
5.3 STREET ADDRESS 1750 East Sunrise Boulevard  
5.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)