

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90040 038 ***150.00

DOCUMENT # M63523
 1. Entity Name
BANKATLANTIC VENTURE PARTNERS 3, INC.

Principal Place of Business % JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304	Mailing Address % JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304-3013
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 5403</i> Suite, Apt. #, etc.
City & State	City & State <i>Fort Lauderdale, FL</i>
Zip	Country
Country	Zip <i>33310-5403</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0017326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FURMAN, JACK A
 1750 E SUNRISE BLVD
 FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
 Name
GILBERT, GLEN R
 Street Address (P.O. Box Number is Not Acceptable)
1750 EAST SUNRISE BLVD
 City
FT LAUDERDALE FL Zip Code
33304

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 **GLEN R. GILBERT**
Executive Vice President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE **4/24/2000**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDO, JOHN E. 1750 E SUNRISE BLVD FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVAN, JARETT S 1750 E.SUNRISE BLVD. FT.LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GILBERT, GLEN 1750 E. SUNRISE BOULEVARD FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEVAN, ALAN B 1750 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABDO, FRANK J 1750 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <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 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	VTD S <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
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: **GLEN R. GILBERT**
Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/24/2000** Daytime Phone #

CR2E034 (9/99)