

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000090899 AMENDED

1. Entity Name

Frankel Estate Homes, Inc.



FILED

03 JUN -9 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Clint Moore Road

3. Mailing Address
1200 Clint Moore Road

Suite, Apt. #, etc.
Bay 15

Suite, Apt. #, etc.
Bay 15

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Country
USA

Zip
33487

Country
USA

4. FEI Number
65-0637915

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kimberly L. Barbar

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

2255 Glades Road, Suite 340W

City
Boca Raton

FL

Zip Code
33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kimberly L. Barbar

Signature, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when reinstating)

6-3-03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Frankel, Lawrence
1200 Clint Moore Road, Bay 15
Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400021279894
07/02/03--01071--031 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S/T
Frankel, Nuria
1200 Clint Moore Road, Bay 15
Boca Raton, FL 33487

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]

12. 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 10 or on an attachment with an address, with all other like approvals.

SIGNATURE:

Lawrence Frankel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-03

(561) 994-6443

0316

Daylene Payne #

CR2E034B (12/02)