

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000068645**

1. Entity Name

ZUCKERMAN PORTOFINO, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90072 017 ***150.00

Principal Place of Business

Mailing Address

**6351 SAN MICHEL WAY
DELRAY BEACH FL 33484****6351 SAN MICHEL WAY
DELRAY BEACH FL 33484**

2. Principal Place of Business

3111 University Drive

Suite, Apt. #, etc.

Suite 610

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

3. Mailing Address

3111 University Drive

Suite, Apt. #, etc.

Suite 610

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799386

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODKIN, PETER M
1 EAST BROWARD BLVD
STE 1501
FORT LAUDERDALE FL 33301**

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.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ZUCKERMAN, ANDREW	6351 SAN MICHEL WAY DELRAY BEACH FL 33484		<input type="checkbox"/> Delete	
D	ZUCKERMAN, DAVID	6351 SAN MICHEL WAY DELRAY BEACH FL 33484		<input type="checkbox"/> Delete	
D	ZUCKERMAN, STEVEN	6351 SAN MICHEL WAY DELRAY BEACH FL 33484		<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
D	ZUCKERMAN, ANDREW	3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ZUCKERMAN, DAVID	3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ZUCKERMAN, STEVEN	3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)