

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

FILED

9 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014785 **AMENDED**
1. Entity Name
Frankel Homes Limited, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Clint Moore Road
Suite, Apt. #, etc.
Bay 15

3. Mailing Address
1200 Clint Moore Road
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

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*

(NOTE: Registered Agent signature required when reinstating) DATE 6-3-03

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

SIGNATURE: *Lawrence Frankel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 6-3-03 DAY/PHONE # (561) 994-6443

CR2E034B (12/02)