2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #, 15&723 May 04, 2000 8:00 am 1. Entity Name GATEWAY SHOPPING CENTER CORP 1990 E. SUNRISE BLVD Secretary of State 05-04-2000 90110 050 ***150.00 FT. LAUDER DALE, FL. 33304 Principal Place of Business SAME A0053641 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For APPLIED Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD BURKARD CASTELLANO -Street Address (P.O. Box Number is Not Acceptable) 1826 E, SUNRISE BLVD. 1990 E. SUNRISE BLVD FT. LAUDERDALE, FL. 33304 Zip Code 33304 8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOWIII FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT Delete TITLE PRESIDENT PAUL CASTELLAND NAME RICHARD BURKARD 1826 E. SUNRISE BLUD STREET ADDRESS 1990 E. SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL. 33304 FT. LAUDERDALG, FL. 33364 VICE PRESIDENT Addition TITLE TITLE NAME NAME DENNIS WOODSON STREET ADDRESS STREET ADDRESS 2923 COVETRAIL CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL. 32789 ☐ Delete TITLE Secretary ☐ Change ☐ Addition NAME NAME FRANKLIN FRANK STREET ADDRESS STREET ADDRESS 525 BROADWAY MALL CITY-ST-ZIP CITY-ST-ZIP HICKSVILLE, NY. 11801 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feront 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 tracked 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 address, with all other like empowered. SIGNATURE:

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR