2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90021 024 ***150.00

DOCUMENT # 387501

1. Entity Name

VAL D'OR SHOPPING CENTRES, INCORPORATED

Principal Place of Business	Mailing Address
[illegible] STE CATHERINE OUEST	4444 STE CATHERINE OUEST
[illegible] 100	STE 100
[illegible] QUEBEC, CANADA H3Z-1-2	WESTMOUNT, QUEBEC, CANADA H3Z-1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip H3Z - 1R2 / Country	Zip H3Z - 1R2 / Country

4. FEI Number 59-1624127 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COBB, THOMAS C
SCHARLIN, LANZETTA, COHEN, COBB & EBIN
1399 SW 1ST AVENUE, 4TH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DALFEN, MURRAY		NAME	
STREET ADDRESS	4444 STE CATHERINE OUEST STE 100		STREET ADDRESS	
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA		CITY-ST-ZIP	
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DALFEN, CELIA		NAME	
STREET ADDRESS	4444 STE CATHERINE OUEST STE 100		STREET ADDRESS	
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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 REQUIRED [signature] MURRAY DALFEN APR 10/2000 (514) 938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #