

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22903**

1. Entity Name
California Club Mall Shopping Center, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**17100 Collins Ave.
Suite 225
Sunny Isles Beach, FL 33160**

Mailing Address
**17100 Collins Ave
Suite 225
Sunny Isles Beach, FL 33160**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2701538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**Katz, Raanan
17100 Collins Ave.
Suite 225
Sunny Isles Beach, FL 33160**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$1,330,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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4 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M35096	STREET ADDRESS	
NAME	California Club Shopping Center, Inc.	CITY-ST-ZIP	
STREET ADDRESS	17100 Collins Ave #22	STREET ADDRESS	700003317207--6
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	CITY-ST-ZIP	-07/10/00--01014--018
DOCUMENT #		CITY-ST-ZIP	****437.50 ****437.50
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	700003317207--6
CITY-ST-ZIP		CITY-ST-ZIP	-07/10/00--01014--018
DOCUMENT #		CITY-ST-ZIP	*****88.75 *****88.75
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____