


# 2001 UNIFORM BUSINESS REPORT (UBR)

0005398 AF

**DOCUMENT # A22903**  
 1. Entity Name  
**CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.**

**FILED**  
 01 MAR 19 AM 11:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*yzf*



Principal Place of Business      Mailing Address  
**17100 COLLINS AVE**      **17100 COLLINS AVE**  
**SUITE 225**      **SUITE 225**  
**SUNNY ISLES BEACH FL 33160**      **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      Applied For  
**59-2701538**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**KATZ, RAANAN**  
**17100 COLLINS AE**  
**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      **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

**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	
DOCUMENT #	<b>M35096</b>
NAME	<b>CALIFORNIA CLUB SHOPPINGCENTER, INC.</b>
STREET ADDRESS	<b>17100 COLLINS AVE #225</b>
CITY-ST-ZIP	<b>SUNNY ISLES BCH FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>300003891113--4</b> <b>-03/21/01--01098--021</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *RAANAN KATZ*      **SIGNATURE REQUIRED**      Date: **3-16-01**      Daytime Phone #: **305-949-4110**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**RAANAN KATZ, PRES.**

CR2E003 (11/00)