

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000046210

1. Entity Name
 TOWER SHOPS, INC.

| | |
|---|---|
| Principal Place of Business 19501 BISCAYNE BLVD. #400 AVENTURA FL 33180 | Mailing Address 19501 BISCAYNE BLVD. #400 AVENTURA FL 33180 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0841104 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMINE MARIO
 19501 BISCAYNE BLVD. #400
 AVENTURA FL 33180

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 MARIO ROMINE DATE 04/28/2000
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 | | | |
|----------------------------|---------------------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | WARREN GEORGE P | | |
| STREET ADDRESS | 3411 SILVERSIDE ROAD | | |
| CITY-ST-ZIP | WILMINGTON DE 19810 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | SOFFER JACQUELYN | | |
| STREET ADDRESS | 19501 BISCAYNE BLVD. #400 | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | SOFFER JEFFREY M | | |
| STREET ADDRESS | 19501 BISCAYNE BLVD. #400 | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | SOFFER DONALD M | | |
| STREET ADDRESS | 19501 BISCAYNE BLVD. #400 | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| 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 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: Donald Soffer DATE: 04/28/2000