

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

01729811 AV

DOCUMENT # 199613

1. Entity Name
MARGATE SHOPPING CENTER, INC.

04-29-2002 90202 001 ***150.00

Principal Place of Business
5873 MARGATE BLVD.
MARGATE FL 33063

Mailing Address
5873 MARGATE BLVD.
MARGATE FL 33063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6071900**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWERS, BRENDA
5873 MARGATE BLVD
POMPANO BEACH FL 33063

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	P <input checked="" type="checkbox"/> Delete
NAME	BANKS, JOHN
STREET ADDRESS	5873 MARGATE BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33063
TITLE	S <input type="checkbox"/> Delete
NAME	BOWERS, BRENDA
STREET ADDRESS	5873 MARGATE BLVD
CITY-ST-ZIP	POMPANO BEACH FL 33063
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Thore'
STREET ADDRESS	5873 Margate Blvd
CITY-ST-ZIP	Margate, FL 33063
TITLE	V.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Banks
STREET ADDRESS	5873 Margate Blvd
CITY-ST-ZIP	Margate, FL 33063
TITLE	T.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Bowers
STREET ADDRESS	5873 Margate Blvd
CITY-ST-ZIP	Margate, FL 33063
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: *Brenda Bowers* **Brenda Bowers, Secretary** 4-16-02 954-972-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #