2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199613

1. Entity Name

MARGATE SHOPPING CENTER, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90529 043 ***150.00

5873 MARGAT MARGATE FL		Mailing Address 5873 MARGATE BLVD. MARGATE FL 33063								
2. Principal P	lace of Business	3. Mailing Address					1811 5 1511	11911 11811 1	HIBH BIBH HIBH	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	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 Curre	nt Registered Agent			7. N	Name and Address of New Registe	Applied For Not Applicable \$8.75 Additional Fee Required Registered Agent Step Code			
الراجم الرياديسيسي ورايا يوري الناوا للا التيليج لا الريان اليوري				- Name						
BOWERS,			Street Address (P.O. E			ox Number is Not Acceptable)				
5873 MAF	rgate blvd		01100171221030 (1.10							
POMPANO	D BEACH FL 33063									
				City			FL	Zip Cod	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registere	ed office or re	gistered ago	ent, or both, in the State of Florida.	am fan	niliar with,	and accept	
SI@NATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature n	required when re	pinstating) D.	ATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financinç Trust Fund Contribution.				
10.	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR:	S IN 11	
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition	
NAME	THORE, LYNN			E						
STREET ADDRESS 5873 MARGATE BLVD				ET ADDRESS						
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c representation of the composition of the exemption of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #