2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90097 045 ***150.00

DOCUMENT # 225721

1. Entity Name
WESTLAKE SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
6671 W. INDIANTOWN RD PNB 190 JUPITER, FL 33458 US	6671 W. INDIANTOWN RD PNB 190 JUPITER, FL 33458 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2295 Corporate BLVD, NW	2295 Corporate BLVD, NW
Suite, Apt. #, etc.: Suite 131	Suite, Apt. #, etc.: Suite 131
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number: **13-2582695** ☐ Applied For ☐ Not Applicable

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
GEIGER, JONATHAN G 1221 PARKWAY CT W PALM BEACH, FL 33413	Name: JOSEPH BARRY Schimmel Street Address (P.O. Box Number Is Not Acceptable): 9400 S. DADELAND BLVD, Suite 600 City: MIAMI FL Zip Code: 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/7/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signing) DATE

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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GEIGER, JONATHAN G 10202 TRAILWOOD WAY JUPITER, FL	☐ Delete	S Geiger, JONATHAN G 4447 BENHURST AVE SAN Diego, CA 92122	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAHN, RONALD 45 KING STREET OBERLIN, OH	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GROSMAN, LEONARD 145 SIMONE DR POUGHKEEPSIE, NY 12603	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D GROSSMAN, DAVID 1752 WHITE WATER DR. Rochester HILLS, MI 48309	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Grossman (LEONARD GROSSMAN) 4/3/03 845-454-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #