2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 08:00 AM **DOCUMENT # 713215 Secretary of State** 1. Entity Name LAUDERHILL MALL MERCHANTS ASSOCIATION, INC. Principal Place of Business Mailing Address 1267 NW 40 AVE 1267 NW 40 AVE LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1166592 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINTRAUB, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 7760 W 20 AVE STE 1 HIALEAH FL 33016 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PIN TITLE ☐ Delete TITLE Change Addition ROZENCWAIG, ISRAEL U00000048618 NAME NAME 1355A NW 40TH AVENUE STREET ADDRESS STREET ADDRESS 02/12/04-80087-020 61.25 LAUDERHILL FL CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SULTAN, LLOYD NAME NAME 1310/12 NW 40TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete Change BAKER, CYNTHIA G. NAME NAME 1267 NW 40TH AVE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP TED E Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TIME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

Rozencwaig

<u>Israel</u>

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEN OR

SIGNATURE:

2/9/04

Daylime Phone #

FILED