## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 14, 2005 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 LAUDERHILL FL 33313 1267 NW 40 AVE LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-1166592 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINTRAUB, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 7760 W 20 AVE STE 1 HIALEAH FL 33016 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition ☐ Delete THILE TITLE U00000228990 02/14/05-80062-003 61.25 ROZENCWAIG, ISRAEL NAME NAME 1355A NW 40TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY - ST - ZIP CHY-ST-7IP Change ☐ Addition ☐ Delete TITLE SULTAN, LLOYD NAME NAME 1310/12 NW 40TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CHTY-ST-ZIP Change Addition Delete THEF BAKER, CYNTHIA G. NAME NAME 1267 NW 40TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CHY-ST-ZIP Change ☐ Addition ☐ Delete Itil F NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY: ST-ZIP

12. I hereby certify that the information supplied with this filling 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 tenert 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 617, 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.

Israel Rozencwaig

SIGNAL URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

(954) 581-5186

Davtime Phone #

02/09/05