

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22903
 1. Entity Name
California Club Mall Shopping Center, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
17100 Collins Ave. 17100 Collins Ave
Suite 225 Suite 225
Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <u>59-2701538</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Katz, Raanan
17100 Collins Ave.
Suite 225
Sunny Isles Beach, FL 33160

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <u>FL</u> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <u>\$1,330,000.00</u>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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4 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<u>M35096</u>
NAME	<u>California Club Shopping Center, Inc.</u>
STREET ADDRESS	<u>17100 Collins Ave #22</u>
CITY-ST-ZIP	<u>Sunny Isles Beach, FL 33160</u>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<u>700003317207--6</u> <u>-07/10/00--01014--018</u> <u>*****437.50 *****437.50</u>
CITY-ST-ZIP	
STREET ADDRESS	<u>700003317207--6</u> <u>-07/10/00--01014--019</u> <u>*****88.75 *****88.75</u>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER