


2001 UNIFORM BUSINESS REPORT (UBR)

0005398 AF

DOCUMENT # A22903
 1. Entity Name
CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.

FILED
 01 MAR 19 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

yzf



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 Applied For
59-2701538 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KATZ, RAANAN
17100 COLLINS AE
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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,330,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	M35096
NAME	CALIFORNIA CLUB SHOPPINGCENTER, INC.
STREET ADDRESS	17100 COLLINS AVE #225
CITY-ST-ZIP	SUNNY ISLES BCH FL
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	300003891113--4 -03/21/01--01098--021 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *RAANAN KATZ* **SIGNATURE REQUIRED** Date: **3-16-01** Daytime Phone #: **305-949-4110**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RAANAN KATZ, PRES.

CR2E003 (11/00)