

# 2002 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/01)

**DOCUMENT # A22903**

FILED

02 FEB 19 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name

CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.

Principal Place of Business

17100 COLLINS AVE  
SUITE 225  
SUNNY ISLES BEACH FL 33160

Mailing Address

17100 COLLINS AVE  
SUITE 225  
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

59-2701538

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KATZ, RAANAN**  
17100 COLLINS AE  
SUITE 225  
SUNNY ISLES BEACH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M35096**  
NAME **CALIFORNIA CLUB SHOPPINGCENTER, INC.**  
STREET ADDRESS **17100 COLLINS AVE #225**  
CITY-ST-ZIP **SUNNY ISLES BCH FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*Sharon Katz*  
VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-8-02  
Date

305-949-4110  
Daytime Phone #