2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A92000000107

1. Entity Name

PARK SHOPPING, LTD.

FILED

01 APR 16 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6353 WEST ROGERS CIRCLE. SUITE 1 BOCA RATON FL 33487	P.O. BOX 273760 BOCA RATON FL 33427

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	**4.** FEI Number 65-0372217	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**
HAHAMOVITCH, HARRY 6353 WEST ROGERS CIRCLE, SUITE 1 BOCA RATON FL 33487	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.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$240,000.00**	**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 # P94000051432 NAME HHH PARK, INC. STREET ADDRESS 6353 WEST ROGERS CIRCLE CITY-ST-ZIP BOCA RATON FL 33487	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (11/00)

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: _____   President of Gen Partner 4-11-01   561-994-2233

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

HARRY HAHAMOVITCH