

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002035

1. Entity Name

WILTON MALL AT 163RD G.P. CORP.

FILED

May 21, 2000 8:00 am
Secretary of State

05-21-2000 90008 001 ***150.00

Principal Place of Business Mailing Address
11022 SANTA MONICA BLVD., STE 450 11022 SANTA MONICA BLVD., STE 450
LOS ANGELES CA 90025 LOS ANGELES CA 90025-7513

2. Principal Place of Business 3. Mailing Address
11111 Santa Monica Blvd. 11111 Santa Monica Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 500 Suite 500

City & State City & State
Los Angeles, CA Los Angeles, CA
Zip Country Zip Country
90025 USA 90025 USA

4. FEI Number Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	Address change only:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTON, JAY H		NAME		
STREET ADDRESS	11022 SANTA MONICA BLVD., STE 450		STREET ADDRESS	11111 Santa Monica Blvd., Suite 500	
CITY-ST-ZIP	LOS ANGELES CA		CITY-ST-ZIP	Los Angeles, CA 90025	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 or supplemental report 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay H. Wilton President 4/20/00 (310) 444-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #