

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90030 001 ***150.00

DOCUMENT # H46519

1. Entity Name

SALAD SCENE AT AVENTURA MALL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19501 BISCAYNE BLVD.

3. Mailing Address
3700 ISLAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-408

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number
59-2526461

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GOLDEN, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)
12000 BISCAYNE BLVD.

SUITE 500

City NORTH MIAMI **FL** **Zip Code** 33181

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
PD
NAME
ARNOWITZ, DAVID A.
STREET ADDRESS
3700 ISLAND BLVD., C-408
CITY-ST-ZIP
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
AS
NAME
GOLDEN, RICHARD A.
STREET ADDRESS
12000 BISCAYNE BLVD., #500
CITY-ST-ZIP
N. MIAMI, FL 33181

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)