

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90238 007 \*\*\*150.00

DOCUMENT # **J89213**  
1. Entity Name  
**CITY CENTER PROPERTIES, INC.**



**11016894**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**211 SW A<sup>th</sup> STREET**  
Suite, Apt. #, etc.  
**SUITE A**  
City & State  
**FT LAUD. FLA**

3. Mailing Address  
**211 SW 2<sup>nd</sup> ST.**  
Suite, Apt. #, etc.  
**SUITE A**  
City & State  
**FT. LAUD. FLA**

Zip Country  
**33301 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2847509** Applied For  
Not Applicable

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 **LETTMAN, ROBERT D.**

Street Address (P.O. Box Number is Not Acceptable)  
**6010 N. UNIVERSITY DR.**

**2 FL**

City **TAMARAC** FL Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<b>PD</b>	TITLE	
NAME	<b>MAGID, DIANE H.</b>	NAME	
STREET ADDRESS	<b>211 SW 2<sup>nd</sup> ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUD. - FL. 33301</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane H. Magid** - DIANE H. MAGID 4/22/03 954-779-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)