


**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.



DO NOT WRITE IN THIS SPACE

11016894

2. Principal Place of Business
211 SW Ath STREET
Suite, Apt. #, etc.
SUITE A
City & State
FT LAUD. FLA

3. Mailing Address
211 SW 2nd 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAGID, DIANE H. 211 SW 2nd ST. FT. LAUD. - FL. 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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** **4/22/03 954-779-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)