## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT # K35695** 1. Entity Name TURKEY LAKE SHOPPING CENTER, INC. 05-03-2001 90041 047 \*\*\*150 00 Principal Place of Business Mailing Address % DAVID J. WIENER. ESQ. % DAVID J. WIENER, ESQ. 2401 PGA BLVD, STE 280 2401 PGA BLVD, STE 280 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 1696 NE Miami Gardens Drive 1696 NE Miami Gardens Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State City & State 4. FEI Number Applied For 98-0098605 North Miami Beach, Florida North Miami Beach, Florida Not Applicable Country Zip 33179 Country \$8.75 Additional 97<sup>Zip</sup> 3 Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BOULEVARD SUITE 280 PALM BEACH GARDENS FL 33410 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPAS Delete TITLE ∏ Change TITLE PRESTON, JOHN W S Katzman, Chaim NAME NAMÉ 1696 NE Miami Gardens Drive, Suite 200 STREET ADDRESS STREET ADDRESS 2401 PGA BLVD. SUITE 280 CITY-ST-ZIF CITY-ST-ZIP North Miami Beach, Florida 33179 PALM BEACH GARDENS FL 33410 r¥ Delete TITLE □ Change TITLE Valero, Doron COHEN, PETER F NAME NAME 1696 NE Miami Gardens Drive, Suite 200 STREET ADDRESS STREET ADDRESS 2851 JOHN ST., SUITE 1 North Miami Beach, Florida 33179 CITY-ST-ZIP MARKHAM, ONTARIO, CN CITY-ST-ZIP DVT TITLE X Delete ☐ Change Addition TITLE GREEN, ROBERT S NÁME Segal, Dori NAME 2851 JOHN ST, STE 1 STREET ADDRESS 161 Bay Street, Suite 2820 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARKHAM, ONTARIO, CN Toronto, ON M5J 2S1 Canada VASD TITLE □ Change X Defete ☐ Addition TITLE NAME BERNICK, LARRY NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD. SUITE 280 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not dualify 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 to supplemental to execute this leport 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 Turkey other like empowers

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

305-947-1664

Daytime Phone #

Date