

2001 UNIFORM BUSINESS REPORT (UBR)

000736 AF

DOCUMENT # L00000003502

1. Entity Name
PARKLAND SHOPS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:11

Principal Place of Business
3300 UNIVERSITY DRIVE, SUITE 001
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DRIVE, SUITE 001
CORAL SPRINGS FL 33065



-2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name **CORA Di Fiore**
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr
City **CORAL Springs FL** Zip Code **33065**

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 *Cora Di Fiore*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-02-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003888755--S
-03/20/01--01092--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS FALCONE, ARTHUR
CITY-ST-ZIP 3300 UNIVERSITY DRIVE, SUITE 001
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-02-01 954 346-9700

CR2E083 (11/00)