2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019322

1. Entity Name

PLANTATION FASHION MALL LLC

FILED
2003 APR -1 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 GOLDEN ISLES DR., STE. 1204 HALLANDALE FL 33009	100 GOLDEN ISLES DR., STE. 1204 HALLANDALE FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JERRY
100 GOLDEN ISLES DR., STE. 1204
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE JERRY JOSEPH [signature] 04/01/2003

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MEMBER BEN ASHKENAZY 433 FIFTH AVENUE, 2ND FLOOR NEW YORK, NEW YORK 10016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700015648257 04/10/03--01063--009 **205.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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: BEN ASHKENAZY [signature] 04/01/2003

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

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
2003 APR -1 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Plantation Fashion Mall

RECEIVED
03 APR -1 PM 4:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Requested by: RW 3/4/ _____
Name Date Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 8/00

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
____ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
✓ ____ Annual Report / Reinstatement_____
____ Cert. Copy_____
____ Photo Copy_____
✓ ____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____