2001 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2001 8:00 am **DOCUMENT#** L01058 Secretary of State 1. Entity ame WEST HILLS SHOPPING CENTER, INC. 05-17-2001 91288 030 ***150.00 Principal Place of Business Mailing Address 2401 PGA Boulevard 2401 PGA Boulevard Suite 280 Suite 280 Palm Beach Gardens, FL Palm Beach Gardens, FL 33410 33410 AD067771 2. Principal Place of Business 3. Mailing Address 1696 NE Miami Gardens Drive 1696 NE Miami Gardens Drive Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 200 Suite 200 City & State City & State 4. FEI Number Applied For 65-0137718 Not Applicable North Miami Beach, Florida North Miami Beach, Florida Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33179 33179 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIENER, DAVID J. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, Florida 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name or registered agent and title if appscable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change · 【文】 Addition DP TITLE X Delete **DPAS** TITLE NAME Katzman, Chaim Preston, John W.S. NAME STREET ADDRESS 2401 PGA Boulevard, Suite 280 1696 NE Miami Gardens Drive, Suite 200 STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens, FL 33410 North Miami Beach, Florida 33179 JEY-ST-ZIP ☐ Change XX Addition VST Delete TITLE TITLE Green, Robert S. Valero, Doron NAME 1696 NE Miami Gardens Drive, Suite 200 2851 John Street, Suite One STREET ADDRESS STREET ADDRESS Markham, Ontario L3R5R7 Canada North Miami Beach, Florida 33179 CITY-ST-ZIP CITY-ST-ZIP DVT ☐ Change Addition | DVAS TITLE X Delete TITLE NAME Segal, Dori NAME Bernick, Larry 161 Bay Street, Suite 2820 Toronto, ON M5J 2S1 Canada 2401 PGA Boulevard, Suite 280 STREET ADDRESS STREET ADDRESS Palm Beach Gardens, FL 33410 CITY-ST-ZIP CITY-ST-ZIP Change Addition X Delete TITLE Čohen, Peter F. 30 St. Clair Avenue West, Suite 1400 STREET ADDRESS STREET ADDRESS Toronto, Ontario M43VAl Canada CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TiTLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 13. 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 of trustee empowered to execute this report 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 appears, with all other like empowered. West 305-947-1664 SIGNATURE: .

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 4