

# 2002 UNIFORM BUSINESS REPORT (UBR)

0285143 AV

DOCUMENT # L01058

1. Entity Name  
WEST HILLS SHOPPING CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 24 PM 4:21

Principal Place of Business  
1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI BEACH FL 33179  
US

Mailing Address  
1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI BEACH FL 33179  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0137718

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, DAVID J  
2401 PGA BLVD  
SUITE 280  
PALM BEACH GARDENS FL 33410

Name  
MARUS, ALAN J  
Street Address (P.O. Box Number is Not Acceptable)  
20803 BISCAYNE BLVD  
SUITE # 301  
City AVENTURA FL Zip Code 33180

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 *M. J. Wiener* 4/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME DPAS  
STREET ADDRESS KATZMAN, CHAIM  
CITY-ST-ZIP 1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI BEACH FL 33179 ☐ Delete

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

TITLE  
NAME DVS  
STREET ADDRESS VALERO, DORON  
CITY-ST-ZIP 1696 NE MIAMI GARDENS DRIVE STE 200  
NORTH MIAMI BEACH FL 33179 ☐ Delete

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

TITLE  
NAME ~~DVT~~  
STREET ADDRESS SEGAL, DORI  
CITY-ST-ZIP 161 BAY STREET, SUITE 2820  
TORONTO CA M5S 2S1 ☒ 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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 or 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 address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date Daytime Phone #

CR2E034 (9/01)

150.00

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