

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20639

1. Entity Name

LAS PALMAS SHOPPING CENTER, INC.

Principal Place of Business

1717 N BAYSHORE DR  
STE 114  
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR  
STE 114  
MIAMI FL 33132-1196

2. Principal Place of Business

1717 N. Bayshore Dr.

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.  
Suite 208

Suite, Apt. #, etc.  
Suite 208

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33132

Country  
USA

Zip  
33132

Country  
USA

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90337 001 \*\*\*150.00

05-06-2000 90337 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0147322** Applied For ☐ Not Applicable ☐

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

S & K PROPERTY MANAGEMENT INC  
1717 N BAYSHORE DR  
STE 114  
MIAMI FL 33132

Name  
S&K Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
1717 N. Bayshore Dr.

Suite 208

City  
Miami

FL Zip Code  
33132

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 Lidia Cartaya 4/27/00 Lidia Cartaya, Vice President  
Signature, typed or printed name of registered agent and date 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, 2000 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 STREET ADDRESS CITY-ST-ZIP	DP BADER, GEORG 1717 N BAYSHORE DR STE 114 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONRADI, AXEL 1717 N BAYSHORE DR STE 114 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTAYA, LIDIA 1717 N BAYSHORE DR STE 114 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bader, Georg 1717 N. Bayshore Dr., Ste. 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Conradi, Axel 1717 N. Bayshore Dr., Ste, 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S. Cartayã, Lidia 1717 N. Bayshore Dr., Ste 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lidia Cartaya 4/27/00 305 577-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)