

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90259 001 \*\*\*150.00  
 05-14-2002 90259 002 \*\*\*\*\*8.75

**DOCUMENT # L20639**

1. Entity Name  
**LAS PALMAS SHOPPING CENTER, INC.**

Principal Place of Business  
 1717 N BAYSHORE DR  
 STE 208  
 MIAMI FL 33132

Mailing Address  
 1717 N BAYSHORE DR  
 STE 208  
 MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**150 Alhambra Circle**

3. Mailing Address  
**150 Alhambra Circle**

Suite, Apt. #, etc.  
**Suite 800**

Suite, Apt. #, etc.  
**Suite 800**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**65-0147322**

Applied For  
 Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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 208**  
**MIAMI FL 33132**

Name  
**S & K Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle**  
**Suite 800**  
 City  
**Coral Gables FL** Zip Code  
**33134**

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* **Lidia Cartaya, Vice President** **04/29/02**  
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 STREET ADDRESS CITY-ST-ZIP	DP BADER, GEORG 1717 N BAYSHORE DRIVE SUITE 208 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONRADI, AXEL 1717 N BAYSHORE DRIVE SUITE 208 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTAYA, LIDIA 1717 N BAYSHORE DRIVE SUITE 208 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
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* **Lidia Cartaya, Treasurer** **04/29/02** **(305) 476-0955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)