

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90116 047 \*\*\*550.00

0076945 AV

**DOCUMENT # L35449**

1. Entity Name

**PALM HARBOUR SHOPPING CENTER ACQUISITION COMPANY**

Principal Place of Business

21626 ST ANDREWS BLVD  
 BOCA RATON FL 33433

Mailing Address

21626 ST ANDREWS BLVD  
 BOCA RATON FL 33433

*Address Change*



2. Principal Place of Business

7587 Isla Verde Way  
 Suite, Apt. #, etc.

3. Mailing Address

7587 Isla Verde Way  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, Fla

Zip  
 33446

Country  
 USA

City & State

Delray Beach, Fla

Zip  
 33446

Country  
 USA

4. FEI Number

65-0164166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PAUL, MICHAEL S**  
**21626 ST. ANDREWS BLVD.**  
**BOCA RATON FL 33433**

*address change*

7587 Isla Verde Way  
 Delray Beach  
 FL 33446

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.

SIGNATURE

*Michael S Paul*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
 NAME **D PAUL, MICHAEL**  
 STREET ADDRESS **21626 ST ANDREWS BLVD.**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete  
 NAME **D LEVIN, STEPHEN A.**  
 STREET ADDRESS **44 COCONUT ROW, SUITE T-8**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Paul Michael**  
 STREET ADDRESS **7587 Isla Verde Way**  
 CITY-ST-ZIP **Delray Beach, FL 33446**

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

*Michael S Paul*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/01

CR2E034 (5/01)