

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L40156**

1. Entity Name  
**BOYNTON PLAZA 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  
SUITE 200  
NORTH MIAMI BEACH FL 33179  
US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0172551**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

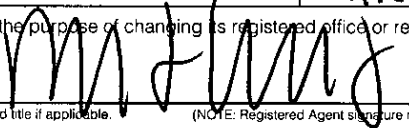
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WIENER, DAVID J.  
2401 PGA BOULEVARD  
SUITE 280  
PALM BEACH GARDENS FL 33410~~

Name **MARCUS, 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  **4/8/02**  
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	<b>DPAS KATZMAN, CHAIM 1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS VALERO, DORON 1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI GARDENS FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DVT SEGAL, DORI 101 BAY STREET, SUITE 2020 TORONTO, ONTARIO, CANADA M5L 2S1</b></del>	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**  
Date

Daytime Phone #

CP2E034 (9/01)