

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

118

DOCUMENT # L92000000075

1. Entity Name

JUPITER SHOPPING CENTER ASSOCIATES, L.C.

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1401 BRICKELL AVENUE
SUITE 630
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE
SUITE 630
MIAMI FL 33131-3503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 Brickell Ave

3. Mailing Address

777 Brickell Ave

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0380446

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVENSHON, IRA M
% M2 REALTY CORPORATION
1401 BRICKELL AVENUE, SUITE 630
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

777 Brickell Ave Suite 1200

City

Miami FL

FL

Zip Code

33131

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM LEWIN, NATHAN ☐ Delete
STREET ADDRESS Wurzerstrasse 17
CITY-ST-ZIP 80539 Munich, Germany

TITLE NAME MGRM GENAUER, MARTIN ☐ Delete
STREET ADDRESS 2 ALHAMBRA PLAZA, SUITE 1202
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003289663--8
CITY-ST-ZIP -06/14/00--01102--015
*****55.00 *****55.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Nathan Lewin

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CF 2 E08 (1/9/99)