

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 001 ***150.00

DOCUMENT # M 35096

1. Entity Name
 California Club Shopping Center, Inc.

Principal Place of Business: 17100 Collins Ave, Suite 225, Miami Beach, FL 33160 U.S.
 Mailing Address: 17100 Collins Ave, Suite 225, Miami Beach, FL 33160 U.S.

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country

4. FEI Number: 59-2705131
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 R.K. Associates
 17100 Collins Ave
 Suite 225
 Sunny Isles, FL 33160

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: *[Signature]* DATE: 5-26-00
Signature, typed or printed name of registered agent. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Internal Revenue Code filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 \$150.00 or less
 \$550.00 or more
 Department of State

11. OFFICERS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Add
 NAME: Katz, Sabra
 STREET ADDRESS: 17100 Collins Ave.
 CITY-ST-ZIP: Miami Beach, FL

Change Addition

TITLE: Delete
 NAME: DPS
 STREET ADDRESS: Katz, Raanan
 CITY-ST-ZIP: 17100 Collins Ave, Suite 225, Miami Beach, FL 33160

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change 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]* DATE: 5-26-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sabra Katz, VP
 Date: 5-26-00
 Telephone: 305-949-4110

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