

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M54609**

1. Entity Name
CORNER SHOPPING CENTER, INC.

Principal Place of Business

**7575 W FLAGLER STE 100
MIAMI FL 33144
US**

Mailing Address

**PO BOX 141660
CORAL GABLES FL 33114
US**

FILED

01 OCT -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5250 SW 8 ST

Suite, Apt. #, etc.

W SUITE 250

City & State

MIAMI FL

Zip

33134

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. FEI Number

59-2822950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUDO, PEDRO

7575 WEST FLAGLAR STREET

MIAMI FL 33144

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

PEDRO AGUDO

(NOTE: Registered Agent signature required when reinstating)

9/27/01

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 \$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	P	<input type="checkbox"/> Delete
NAME	AGUDO, PEDRO	
STREET ADDRESS	7575 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004641975	
STREET ADDRESS	-10/18/01	
CITY-ST-ZIP	US-01065-009	
	3000.00 *750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

PEDRO AGUDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/01)