

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87320

1. Entity Name
DELRAY VILLAGE SHOPS, INC.

Principal Place of Business

% WAFRA INVESTMENT ADVISORY GRP. INC.
345 PARK AVE- 41ST FLR
NEW YORK NY 10154-0101
US

Mailing Address

% WAFRA INVESTMENT ADVISORY GRP. INC.
345 PARK AVE- 41ST FLR
NEW YORK NY 10154-0101
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 28 PM 3:55



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1799493

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	DT	<input type="checkbox"/> Delete
NAME	ANTHONY G. BARBUTO	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KHOJJA, MOHAMAD J.	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LIVELY, FRANK	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCLAIN, DAVID	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, EDWARD J	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MACCARTHY, CHRISTOPHER	
STREET ADDRESS	345 PARK AVE-41ST FLR	
CITY-ST-ZIP	NEW YORK NY 10154-0101	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003506131-3	
STREET ADDRESS	-12/19/00--01079--014	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATEMENT	
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	ASSISTANT SECRETARY	
STREET ADDRESS	MCCARTHY CHRISTOPHER	
CITY-ST-ZIP	345 PARK AVENUE, 41ST FLOOR	
	C/O WAFRA INVESTMENT ADVISORY GROUP	
	NEW YORK, NY 10154-0101	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. MCLAIN

Date

10/20/00 (212) 759-3700

VICE PRESIDENT AND SECRETARY

CR2E034 (500)