

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03506

1. Entity Name

THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION,

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90105 048 ****61.25

Principal Place of Business

Mailing Address

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-5417

2. Principal Place of Business

3. Mailing Address

4800 N. Federal Hwy
Suite, Apt. #, etc.
105 E

4800 N. Federal Hwy
Suite, Apt. #, etc.
105 E

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip 33431 Country USA

Zip 33431 Country USA

4. FEI Number 59-2463929

Applied For
Not Applicable

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

GOLDMAN, JOEL K
LEGAL DEPT - 9TH FLOOR
2601 S BAYSHORE DRIVE
MIAMI FL 33133

Name Larry Grags a White & Case
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd
Suite 4900
City Miami 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 Larry Grags (signature already submitted) 4-20-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, JOEL K 2601 S. BAYSHORE DR. MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDIN, AMY H 2601 S BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOK, PAULA 2601 S. BAYSHORE DR. MIAMI FL 33133	<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	P, T, D Richard Ackerman 4800 N. Federal Hwy Suite 105 E Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Amy Goldin 4800 N. Federal Hwy Suite 105 E Boca Raton 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S Karey Carbaugh 4800 N. Federal Hwy Suite 105 E Boca Raton 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Amy Goldin 4-20-00 954-915-6949
Date Daytime Phone #

CR2E037 (9/99)