2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N21237** May 16, 2000 8:00 am 1. Entity Name Secretary of State MURDOCK PARK OF COMMERCE PROPERTY OWNERS' ASSOCI 05-16-2000 90164 049 ****61.25 Mailing Address Principal Place of Business LEGAL DEPT. 9TH FLOOR LEGAL DEPT, 9TH FLOOR 2601 S BAYSHORE DR 2601 S BAYSHORE DR MIAMI FL 33133-5417 MIAMI FL 33133-2461 2. Principal Place of Business 3. Mailing Address Federal Hu 4600 N. Federal DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 105 E Applied For 4. FEI Number 59-2816103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 6ra95_ 0 White + (ase Street Address (P.O. Box Number is Not Acceptable) GOLDMAN, JOEL K LEGAL DEPT - 9TH FLOOR 4500 2601 S BAYSHORE DRIVE Zip Code 33/3/-2352 **MIAMI FL 33133** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. . Change PD ☐ Delete TITLE TITLE NAME NAME GOLDIN, AMY H STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 🗷 Delete TITLE VTD TITLE NAME NAME COOK, PAULA Mmy Goldin Redeal Huy STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR CITY-ST-ZIP CITY-ST-ZIP Boxa Poston FL MIAMI FL 33133 Change ✓ Addition TITLE Delete DVS NAME GOLDMAN, JOEL K. STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP Miami Fl ☐ Delete TITLE TITLE NAME NAME BOLD ROUM FL 33431 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Richard Ackerman STREET ADDRESS STREET ADDRESS 1800 N. Federal Hwy Suit 105 E Doco Raton, FL 33431 Change Addition CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Phone #

changed, or on an attachment with an address, with all other like empowered