## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State DOCUMENT # N96000004859 1. Entity Name FASHION SQUARE OWNERS ASSOCIATION, INC. 04-26-2000 90074 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 2701 SOUTH BAYSHORE DRIVE 2701 SOUTH BAYSHORE DRIVE PENTHOUSE DUUI AMVY COCONUT GROVE FL 33133-5309 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 1870 SOUTH BAYSHORE DRIVE 1870 SOUTH BAYSHORE DRI VE COCONUT GROVE, FL 33133-5309 FEI Number Applied For COCONUT GROVE, FL 33133-5309 65-0704623 Not Applicable Us Us Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ROTHSTEIN, LAWRENCE I. ROTHSTEIN, LAWRENCE I 1870 SOUTH BAYSHORE DRIVE 2701 SOUTH BAYSHORE DRIVE **PENTHOUSE** COCONUT GROVE, FL 33133 Zip Code **COCONUT GROVE 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICEDS AND DID 11. 10. ☐ Delete TITLE WIENER, MAURICE NAME NAME WIENER, MAURICE 1870 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS 2701 S. BAYSHORE DR. PENTHOUSE COCONUT GROVE, FL 33133 City-ST-7IP CITY-ST-ZIP COCONUT GROVE FL 33133 TITLE STD: ☐ Delete TITLE ROTHSTEIN, LAWRENCE 1. ROTHSTEIN, LAWRENCE I NAME 1870 SOUTH BAYSHORE DRIVE STREET ADDRESS 1 STREET ADDRESS 2701 S. BAYSHORE DR. PENTHOUSE COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 TITLE ☐ Delete TITLE ☐ Change Addition VD. WIENER, RICHARD N NAME NAME STREET ADDRESS STREET ADDRESS 950 THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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 dustee 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

7EIN 4/14/00

(30x)814-680

Daytime Phone #