

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90783 041 \*\*\*150.00

**DOCUMENT # P01000115717**

1. Entity Name

LNR RETAIL CENTER MANAGER, INC.

Principal Place of Business

760 N.W. 107TH AVENUE  
 SUITE 300  
 MIAMI FL 33176

Mailing Address

760 N.W. 107TH AVENUE  
 SUITE 300  
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

04-3606684

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

RUBIN, SHELLY

760 N.W. 107TH AVENUE

SUITE 300

MIAMI FL 33176

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, LEONARD  
 CITY-ST-ZIP 700 N.W. 107TH AVENUE  
 MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SAIONTZ, STEVEN J  
 CITY-ST-ZIP 760 N.W. 107TH AVENUE, SUITE 300  
 MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, STUART A  
 CITY-ST-ZIP 700 N.W. 107TH AVENUE  
 MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME P  
 STREET ADDRESS Krasnoff, Jeffrey P.  
 CITY-ST-ZIP 760 NW 107 AVE, Ste 300  
 Miami, FL 33172

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME VP  
 STREET ADDRESS Rubin, Shelly  
 CITY-ST-ZIP 760 NW 107 AVE, Ste 300  
 Miami, FL 33172

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME AC  
 STREET ADDRESS Lieberman, Arthur J.  
 CITY-ST-ZIP 760 NW 107 AVE, Ste 300  
 Miami, FL 33172

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:**  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

(305) 485-2000

Daytime Phone #

CR2E034 (9/01)