

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90137 012 ***150.00

DOCUMENT # P02000004430

1. Entity Name
THE SHOPPES AT SILVERISLES, INC.



Principal Place of Business
**1401 UNIVERSITY DR. SUITE 200
CORAL SPRINGS FL 33071**

Mailing Address
**1401 UNIVERSITY DR. SUITE 200
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0374725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORWALK, RICHARD M.

P02000004430

**1401 UNIVERSITY DR. SUITE 200
CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the undersigned, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PD ITZHAK EZRATTE**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE ☐ Delete
NAME **NORWALK, RICHARD M.**
STREET ADDRESS **1401 UNIVERSITY DR. SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
NAME **VS ALAN FANT**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VT RICHARD NORWALK**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V RICHARD ARKIN**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S PAUL CORBAN**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS FLORIDA 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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 REQUIRED

Richard M. Norwalk, V.P.

April 29, 2003

954.753.1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02003390 AV

02003390 AV

(20/01) 1603E2CR-C