

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90050 022 ***150.00

DOCUMENT # P93000003104

1. Entity Name
METROMALL PARTNERS, INC.

Principal Place of Business 169 E. FLAGLER STREET SUITE 1600 MIAMI FL 33131	Mailing Address 169 E. FLAGLER STREET SUITE 1600 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0453061**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**FILLOY, JOSEPH M
 NEW WORLD TOWER
 100 N. BISCAYNE BLVD., SUITE 700
 MIAMI FL 33132**

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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	LINDENFELD, ELSA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	169 E. FLAGLER ST., #1600		
CITY-ST-ZIP	MIAMI FL 33131		
<input type="checkbox"/> Delete			
SD	LINDENFELD, DANYA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	169 E. FLAGLER ST., #1600		
CITY-ST-ZIP	MIAMI FL 33131		
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

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: [Signature] Date: 1/24/01 Daytime Phone #: (305) 374-3677

CR2E034 (10/00)