## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000078583 May 04, 2000 8:00 am Secretary of State PLAZA SHOPPING CORP. 05-04-2000 90183 020 \*\*\*150.00 Principal Place of Business Mailing Address 799 BRICKELL PLAZA 799 BRICKELL PLAZA SUITE 900 SUITE 900 MIAMI FL 33131-2805 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address <u>c/o GEORGE D.PERLMAN.P.</u> C/OGEORGE D.PERLMAN.P. Suite, Apt. #, etc. Suite 3000 Suite, Apt. #, etc. Suite 3000 DO NOT WRITE IN THIS SPACE <u>701 Brickell Avenue</u> <u>701 Brickell Avenue</u> City & State Applied For 4. FEI Number 65-0476082 Florida Miami, Florida Miami, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 U.S.A. 33131 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>GÉORGE D. PERLMAN, P.A</u> PERLMAN AND FABER, P.A. Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA <u>701 Brickell Avenue</u> SUITE 900 Suite 3000 MIAMI FL 33131 Zip Code 33131 City Mi<u>ami</u> 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 PERLMAN, SIGNATURE tered agent and title if applicable Signature, typed or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPT Change TITLE Delete TITLE DPT REDENSKY, JACOB c/o GEORGE D.PERLMAN, P.A. 701 Brickell Avenue, Suite 3000 Miami, Florida 33131 REDENSKY, JACOB NAME STREET ADDRESS 799 BRICKELL PLAZA, STE. 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete ■ Addition TITLE REDENSKY, CLARA C/O GEORGE D. PERLMAN, PAA 701 Brickell Ave., Suite 3000 REDENSKY, CLARA NAME NAME STREET ADDRESS 799 BRICKELL PLAZA, STE. 900 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ami, Florida 33131 VPS REDENSKY, CLARA C/O GEORGE D. PERLMAN, 701 Brickell Ave TITLE ☐ Delete TITLE REDENSKY, CLARA NAME NAME 799 BRICKELL PLAZA, STE 900 STREET ADDRESS STREET ADDRESS Brickell Av Ave la 3 3000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

3. 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 his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Tresident

Daytime Phone #

CR2E034 (