2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90491 007 ***150.00

DOCUMENT # P94000048029

1. Entity Name
SHOPPES OF HILLSBORO II, INC.

Principal Place of Business	Mailing Address
2201-2265 W HILLSBORO BLVD	% A. SINGER #2008
DEERFIELD BEACH FL 33442	3100 N OCEAN BLVD
US	FORT LAUDERDALE FL 33308

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		3001 N.E. 19 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. FT. LAUD., FL.	
City & State		City & State	
Zip	Country	Zip 33305	Country USA

4. FEI Number 65-0501640 ☐ 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
SINGER, ALLEN	Name SINGER ALLEN
3100 N OCEAN BLVD	Street Address (P.O. Box Number is Not Acceptable) 3001 N.E. 19 ST.
APT 2008	
FT LAUDERDALE FL 33308	City FT. LAUDERDALE FL Zip Code 33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] ALLEN SINGER 1/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	SINGER, ALLEN		NAME		
STREET ADDRESS	~~3100 N OCEAN BLVD, SUITE 2008~~		STREET ADDRESS	3001 N.E. 19 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL ~~33308~~		CITY-ST-ZIP	FT. LAUD. FL 33305	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 [signature] 1/10/03 954 752 7682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #