

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0283 ANR05

closed: 5/07/04
FILED

05 FEB 24 PM 2: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P94000058237

1. Entity Name

MALL AT 163RD ST. FOOTACTION, INC.



Principal Place of Business

1329 NE 163RD ST
STE 1420
N. MIAMI FL 33162
US

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 141269
IRVING TX 75014-1269
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0517706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEVILLE, R. SHAWN	
STREET ADDRESS	24 B OLD FARM ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	SRVD	<input checked="" type="checkbox"/> Delete
NAME	APPLBAUM, LEE D	
STREET ADDRESS	279 SPRING VALLEY ROAD	
CITY-ST-ZIP	PARK RIDGE NJ 07650	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL	
STREET ADDRESS	122 PASADENA PLACE	
CITY-ST-ZIP	HAWTHORNE NJ 07506	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MARY BETH	
STREET ADDRESS	3201 W. ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GALANTE, ANDREA	
STREET ADDRESS	3201 W. ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Richards	
STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Garahan	
STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DR 2/24

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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:

TIMOTHY GARAHAN

FEB - 7 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #