2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 801

us

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

2717 W CYPRESS CREEK RD

FT LAUDERDALE FL 33309-1703

DOCUMENT # P97000022147

1. Entity Name

SUITE 801

Principal Place of Business

2717 W CYPRESS CREEK RD

FT LAUDERDALE FL 33309

PARK PLACE MALL, CORP.

3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0744198 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Samuel_J_Cantor_ CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Pkwy NW 1489 WEST PALMETTO PARK ROAD STE 485 **BOCA RATON FL 33486** Suite 200 City Boca Raton registered agent, or both, in the State of Florida 8. The above named entity submit SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy if 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change XX Delete TITLE TITLE PARKER, DAVID L NAME Steven G Rose NAME STREET ADDRESS 2717 W CYPRESS CREEK RD. 2717 W Cypress Creek Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 <u>Ft Lauderdale, FL 33309</u> XX Delete ☐ Change **X**Addition TITLE TITLE PARKER, DEBRA NAME Philip Stickles 2717 W Cypress Creek Rd NAME 2717 W CYPRESS CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft Lauderdale, FL 33309 CITY-ST-ZIP FT LAUDERDALE FL 33309 XXAddition Change ☐ Defete TITLE TITLE NAME Deborah Glantz NAME STREET ADDRESS 2717 W Cypress Creek Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale<u>, FL 33309</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90024 006 ***150.00

