2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee amovered to execute this report as changed, or on an attachment with a description of the corporation of the corporatio

PARTICIPATION NAME OF SIGNING SESTED SEPTEMENTOR

SIGNATURE: By:

FILED DOCUMENT # P97000059675 Apr 18, 2000 8:00 am Secretary of State PROSPERITY SHOPPING CENTER CORP. 04-18-2000 90071 029 ***150.00 Principal Place of Business Mailing Address 2401 PGA BLVD., STE. 280 2401 PGA BLVD., STE, 280 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-3516 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0768269 Not Applicable Zip Zip Country \$8.75 Additional 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 WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS FL 33410 Zip Code tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity ~~0~ SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME GREEN, ROBERT S STREET ADDRESS STREET ADDRESS 2401 PGA BLVD., STE. 280 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PRESTON, JOHN W S NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD., STE. 280 CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33410 ☐ Addition Change □ Delete TITLE TITLE D NAME COHEN, PETER F NAME STREET ADDRESS STREET ADDRESS 2851 JOHN STREET, SUITE ONE CITY-ST-ZIP CITY-ST-ZIP MARKHAM, ONTARIO CAN. L3R5R7 ☐ Change Addition DVAS ☐ Delete TITLE TITLE NAME BERNICK, LARRY NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD., STE. 280 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if