FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90281 001 *1,350.00

DOCUMENT # P98000014168

1. Entity Name

SHOPPES AT WESTBURRY SHOPPING CENTER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 NE Miami Gdns Drive Suite, Apt. #, etc.	1696 NE Miami Gardens Drive Suite, Apt. #, etc.
City & State: North Miami Beach, Fl.	City & State: North Miami Beach, Fl.
Zip: 33179 Country:	Zip: 33179 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0814954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARCUS, ALAN J

Street Address (P.O. Box Number is Not Acceptable): 20803 BISCAYNE BLVD

SUITE # 301

City: AVENTURA FL Zip Code: 33180

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.

SIGNATURE: _____ 4/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPAS
NAME	KATZMAN, CHAIM
STREET ADDRESS	1696 NE MIAMI GARDENS DR, S #200
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	DVS
NAME	VALERO, DAMON
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	~~DVT~~
NAME	SEGAL, DORI
STREET ADDRESS	161 BAY ~~STREET, SUITE #2820~~
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J 2S1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #