

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000014168																																																																																																					
1. Entity Name SHOPPES AT WESTBURY SHOPPING CENTER, INC.																																																																																																					
Principal Place of Business 1696 NE MIAMI GARDENS DRIVE SUITE 280 PALM BEACH GARDENS, FL 33410			Mailing Address 1696 NE MIAMI GARDENS DRIVE SUITE 280 PALM BEACH GARDENS, FL 33410																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State		4. FEI Number 65-0814954																																																																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent MARCUS, ALAN J 20803 BISCAYNE BLVD SUITE 301 MIAMI, FL 33180			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 _____ (NOTE: Registered Agent's signature required when reissuing) DATE _____																																																																																																					
FILE NOW!!! FEE IS \$160.00. After May 15, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3">10. OFFICERS AND DIRECTORS</th><th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%;">TITLE</td><td style="width: 45%;">NAME</td><td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td><td style="width: 15%;">TITLE</td><td style="width: 45%;">NAME</td><td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td>KATZMAN, CHAIM</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI BEACH, FL 33179</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td>DVS VALERO, DORON</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI BEACH, FL 33179</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	KATZMAN, CHAIM		STREET ADDRESS			CITY-ST-ZIP	1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	DVS VALERO, DORON		STREET ADDRESS			CITY-ST-ZIP	1696 NE MIAMI GARDENS DRIVE, SUITE 200 NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____			4-30-03 305 672-1234																																																																																																		
Doron Valero, Vice President																																																																																																					

CR2034 (10/02)