

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000014174

1. Entity Name

SHOPPES AT JONATHAN'S LANDING, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90249 047 \*\*\*150.00

AVV03334

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2401 PGA Boulevard Suite 280 Palm Beach Gardens, FL 33410	Mailing Address 2401 PGA Boulevard Suite 280 Palm Beach Gardens, FL 33410
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2. Principal Place of Business 1696 NE Miami Gardens Drive	3. Mailing Address 1696 NE Miami Gardens Drive
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State North Miami Beach, Florida	City & State North Miami Beach, Florida
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Zip 33179	Country USA	Zip 33179	Country USA
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4. FEI Number 65-0814957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, DAVID J. ESQ.  
2401 PGA Boulevard, Suite 280  
Palm Beach Gardens, Florida 33410

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.

SIGNATURE

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table border="0"> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>DP Preston, John W.S. 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>VST Green, Robert S. 2851 John Street, Suite One Markham, Ontario L3R5R7 Canada <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>DVAS Bernick, Larry 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>D Cohen, Peter F. 30 St. Clair Avenue West, Suite 1400 Toronto, Ontario M43VA1 Canada <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Preston, John W.S. 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Green, Robert S. 2851 John Street, Suite One Markham, Ontario L3R5R7 Canada <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS Bernick, Larry 2401 PGA Boulevard, Suite 280 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cohen, Peter F. 30 St. Clair Avenue West, Suite 1400 Toronto, Ontario M43VA1 Canada <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<table border="0"> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>DPAS Katzman, Chaim 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>DVS Valero, Doron 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>DVT Segal, Dori 161 Bay Street, Suite 2820 Toronto, ON M5J 2S1 Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPAS Katzman, Chaim 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS Valero, Doron 1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Segal, Dori 161 Bay Street, Suite 2820 Toronto, ON M5J 2S1 Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Shoppes at Jonathan's Landing, Inc.

SIGNATURE: By:

305-947-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #