2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000048495 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name LANDINGS SHOPPES, INC. 04-19-2000 90101 032 ***158.75 Mailing Address Principal Place of Business 1000 SWEETWATER CLUB BLVD. 1000 SWEETWATER CLUB BLVD. LONGWOOD FL 32779-2152 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Numbe Not Applicable 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 LUCCHESE, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 1000 SWEETWATER CLUB BLVD. LONGWOOD FL 32779 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State \Box (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE VACCARO, GIUSEPPE NAME NAME 31-23 NEWTOWN AVENUE STREET ADDRESS STREET ADDRESS **ASTORIA NY 11102** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE LUCCHESE, SALVATORE NAME NAME 1000 SWEETWATER CLUB BLVD. STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE LUCCHESE, JOSEPHINE NAME 1000 SWEETWATER CLUB BLVD. STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete VACCARO, VITO NAME 31-23 NEWTOWN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ASTORIA NY 11102** CITY-ST-ZIE Change Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4