## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P9900063882 SHOPS AT OCEAN COURT, INC. 04-24-2000 90167 023 \*\*\*150.00 09-18-2000 90039 035 \*\*\*550.00 Mailing Address Principal Place of Business 1052 OCEAN DR. SUITE 2216 1052 OCEAN DR. SUITE 2216 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 UUUUTIDD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition ☐ Delete TITLE ☐ Change TITLE LAYFIELD, RICHARD L NAME NAME STREET ADDRESS 1052 OCEAN DR, SUITE 2216 STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP MIAMI BEACH FL 33139 Addition VICE President CEO ☐ Change TITLE Delete NAME NAME cayfield Kathy STREET ADDRESS STREET ADDRESS 1052 Oces Drive CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME 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

10/00 305530535