2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # S07404** May 03, 2000 8:00 am Secretary of State 1. Entity Name BISCAYNE HARBOUR SHOPPING CENTER, INC. 05-03-2000 90148 036 ***150.00 Mailing Address Principal Place of Business LAS OLAS CTR LAS OLAS CTR 450 E LAS OLAS BLVD 900 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301-2223 FT. LAUDERDALE FL 33301 840065 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 Number 65-0228343 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID WHORVITZ HORVITZ, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) LAS OLAS CTR 450 East Las Olas Boulevard 450 E LAS OLAS BLVD 900 Suite 900 MIAMI FL 33301 Ft. Lauderdale, FL 33301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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 Ίi. OFFICERS AND DIRECTORS 12. POST Delete ☐ Change ☐ Addition TITLE TITLE HORVITZ, WILLIAM D. NAME NAME LAS OLAS CTR 450 E LAS OLAS BLVD 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition Delete TITLE TITLE BURTON, MELVIN F NAME NAME LAS OLAS CTR 450 E LAS OLAS BLVD 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL DIP Change Change Addition ☐ Delete TITLE TITLE HORVITZ, DAVID W. NAME STREET ADDRESS STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL D/4/5 ☐ Change Addition ☐ Delete TITLE TITLE NAME LINDA H ROTH NAME 450 E Las Olas Blvd., Suite 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, FL 33301 CITY-ST-ZIP **Addition** TITLE ☐ Change TITLE ☐ Delete NAME ROBERT J PUCK NAME STREET ADDRESS 450 E Las Olas Blvd., Suite 900 STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, FL 33301 CITY-ST-ZIP ASST SECRETARY Change **Addition** TITLE ☐ Delete TITLE VIRGINIA J BAKER 450 E Las Olas Blvd., Suite 900 NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

이렇게 나무요하다 맛입니 SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fort Lauderdale, FL 33301

Daytime Phone #