

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91440 019 \*\*\*150.00

0327641 AV

**DOCUMENT # S07404**

1. Entity Name  
**BISCAYNE HARBOUR SHOPPING CENTER, INC.**



Principal Place of Business Mailing Address  
**LA 45 FT. US 401 E LAS OLAS BLVD., SUITE 2200 FT. LAUDERDALE, FL 33301**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0228343** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HORWITZ, DAVID W**

**401 E LAS OLAS BLVD., SUITE 2200  
FT. LAUDERDALE, FL 33301**

**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 signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, LINDA			NAME	401 E LAS OLAS BLVD., SUITE 2200		
STREET ADDRESS	450 E LAS OLAS BLVD STE 400			STREET ADDRESS	FT. LAUDERDALE, FL 33301		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTON, MELVIN F			NAME	401 E LAS OLAS BLVD., SUITE 2200		
STREET ADDRESS	LAS OLAS CTR 450 E LAS OLAS BLVD 900			STREET ADDRESS	FT. LAUDERDALE, FL 33301		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORWITZ, DAVID W.			NAME	401 E LAS OLAS BLVD., SUITE 2200		
STREET ADDRESS	LAS OLAS CTR 450 E LAS OLAS BLVD 900			STREET ADDRESS	FT. LAUDERDALE, FL 33301		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUCK, ROBERT J			NAME	401 E LAS OLAS BLVD., SUITE 2200		
STREET ADDRESS	450 E LAS OLAS BLVD STE 400			STREET ADDRESS	FT. LAUDERDALE, FL 33301		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	BAKER, VIRGINIA J.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, VIRGINIA J			NAME	401 E LAS OLAS BLVD., SUITE 2200		
STREET ADDRESS	450 E LAS OLAS BLVD STE 400			STREET ADDRESS	FT. LAUDERDALE, FL 33301		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/9/03* Daytime Phone #

CR2E034 (10/02)