## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

F9900002630

1. Entity Name NAPLES MALL, INC.



**FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90234 043 \*\*\*150.00

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TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM													
2. Main Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Nome  ARONOFF, JANET  626 GULFSHORE BLVD SOUTH  NAPLES FL 34102  City  FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered digent, or both, in the State of Florida. Tam familiar with, and acceptable by the composition of registered agent.  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TILE  NAME  ARONOFF, DANIEL J  SIRRI ANDRESS  CITY-ST-7P  BINLINGHAM MI 48009  TILE  NAME  SIRRI ANDRESS  CITY-ST-7P  City FL  Change Additional Face Composition  Change Composition  Change Composition  Change Comp	38500 WOODWARD AVE SUITE 310		38500 SUITE	38500 WOODWARD AVE SUITE 310									
City & State    City & State   City & State   City & State   City & State   Country   Zip   Country   St. Certificate of Status Desired   \$8.76 Additional Fee Required   F	2. Principal Place of Business			3. Maili	3. Mailing Address					88(I) 68(I) 88 <i>i</i>	11	,	
Zip Country Zip Country 5: Certificate of Status Dosined	Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.								
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   See Required   S. Certificate of Status Desired Agent   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	City & State			City	City & State			<b>4</b> . FI	1 4 1 LINUMBER 20-2047757				
ARONOFF, JANET 626 GULFSHORE BLVD SOUTH NAPLES FL 34102  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 access the obligations of registered agent.  SIGNATURE  Signative, hyped or printed name of registered agent and this # approxime. (NOTE Registered Agent signature required when remitted high when	Zip		Country	Zip		Countr	у				ee Required	tional	
ARONOFF, JANET 626 GULFSHORE BLVD SOUTH NAPLES FL 34102  City FL Zip Code  City FL Z		6. Name	and Address of Cur	rent Registere	d Agent			7. N	ame and Address of New Re	gistered A	gënt		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SUPPOSED							Name					ļ	
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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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certification in the section of the section 119.07(3)(ii), Florida Statutes. I further certification in the section of the section 119.07(3)(ii), Florida Statutes. I further certification in the section 119.07(3)(ii), Florida Statutes. I further certification in the section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certification in the section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iii) for the exem	12. I hereby	certify that t	he information suppli	ed with this filin	g does not qualify	for the exe	mption stated in	n Section	119.07(3)(i), Florida Statutes	I further ce	rtify that the	intormation r or director	

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 empoyeled.

SIGNATURE:

1-7-03 Date

248-642.0190

Daytime Phone #