

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 008 ***150.00

DOCUMENT # F93000002836

1. Entity Name
WESTMALL REALTY CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O Midwood Mgmt. Corp. Suite, Apt. #, etc. 60 E 42nd St. Ste 1814	3. Mailing Address C/O Midwood Mgmt. Corp. Suite, Apt. #, etc. 60 E 42nd St. Ste. 1814
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City & State New York, NY	City & State New York, NY	4. FEI Number 06-1367415	Applied For <input type="checkbox"/> Not Applicable
Zip 10165	Country	Zip 10165	Country

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Usdan, John 60 East 42nd St, Ste. 1814 New York, NY 10165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Isaacs, Jed 750 Third Ave, 9th Floor New York, NY 10165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Clarke, Isabelle 60 East 42nd St, Ste. 1814 New York, NY 10165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Usdan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/03 Daytime Phone #: 212 682 9175

CR2E034B (12/02)