

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02962

1. Entity Name

SB PARTNERS REAL ESTATE CORPORATION

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90012 032 ***150.00

Principal Place of Business FIFTH AVENUE FLOOR YORK NY 10103	Mailing Address 666 FIFTH AVENUE 26TH FLOOR NEW YORK NY 10103-2699 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-2636431	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STREICKER, JOHN H. 666 FIFTH AVENUE N.Y. NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERMAN, SUSAN T 666 FIFTH AVENUE N.Y. NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, MILLIE C. 666 FIFTH AVENUE NY. NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, DAVID W. 666 FIFTH AVENUE N.Y., N Y
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, CHRISTINE C. 666 FIFTH AVENUE NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERGER, MICHAEL 666 FIFTH AVENUE NEW YORK NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY MICHAEL KENNY 666 FIFTH AVE. 26TH FLOOR NEW YORK, N.Y. 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ DATE: 1/26/00 DAYTIME PHONE # _____

CR2E034 (9/99)