

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90167 044 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000011693

1. Entity Name
SBR REALTY CORPORATION

Principal Place of Business

3900 S. OCEAN DRIVE
 HOLLYWOOD FL 33407

Mailing Address

118 N. BEDFORD ROAD
 SUITE 203
 MOUNT KISCO NY 10549

2. Principal Place of Business

3. Mailing Address
P.O. Box 803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KATONAH NY

4. FEI Number

65-0556128

Applied For

Not Applicable

Zip

Country

Zip

Country

10536

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSNER, CHARLES
15645 COLLINS AVENUE
APT 406
MIAMI BEACH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D ROSNER, CHARLES**
 STREET ADDRESS **15645 COLLINS AVE. APT 406**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS *P.O. Box 803*
 CITY-ST-ZIP *KATONAH NY 10536*

TITLE Delete
 NAME **D YACHBES, BART**
 STREET ADDRESS **780 N.W. 100TH TERRACE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROSNER, FRANCES**
 STREET ADDRESS **15645 COLLINS AVE APT. 406**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS *P.O. Box 803*
 CITY-ST-ZIP *KATONAH NY 10536*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

CR2E034 (9/01)