

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90119 050 ***150.00

DOCUMENT # P95000091706
 1. Entity Name
MONTAGUE PROPERTIES, INC.

Principal Place of Business Mailing Address
 % SHAPIRO, FREEDMAN & BLOOM, P.A.
 200 S BISCAYNE BLVD. STE 4750
 MIAMI FL 33131
 LOEB, BLOCK & PARTNERS, LLP
 505 PARK AVE., 9TH FLOOR
 NEW YORK NY 10022-1106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
LEONARD BLOOM PA
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste 3000
 City & State City & State
Miami, Florida
 Zip Country Zip Country
33131 U.S.A.

4. FEI Number Applied For
65-0622140 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS, INC
200 S BISCAYNE BLVD
SUITE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **B&C CORPORATE SERVICES, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD. STE. 3000
 City **MIAMI** FL Zip Code **33131**

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 *Anna Salgado Vice President of B&C*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	PD	<input type="checkbox"/> Delete
NAME	MASSAC, LINDA	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEWLETT, GATH A T	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PENN, MYRTHLYN	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> Delete
NAME	RASCH, STEPHEN M	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Myrthlyn Penn* **Myrthlyn Penn** 4/26/00 212-755-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #