

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020940

1. Entity Name
COBBLESTONE PROPERTIES, INC.

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

05-03-2000 90113 005 ***150.00

Principal Place of Business: **200 S BISCAYNE BLVD SUITE 4750 MIAMI FL 33131**
Mailing Address: **LOEB, BLOCK & PARTNERS LLP 505 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022-1106**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **LEONARD BLOOM PA**
Suite, Apt. #, etc.: **200 S Biscayne Blvd Ste 3000**

3. Mailing Address
Suite, Apt. #, etc.

City & State: **Miami, Florida**

City & State

4. FEI Number **65-0746967**

Applied For
Not Applicable

Zip **33131** Country **U.S.A.**

Zip Country

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

SOUTH FLORIDA RESIDENT AGENTS, INC
200 S BISCAYNE BLVD
SUITE 4750
MIAMI FL 33131

Name: **B&C CORPORATE SERVICES, INC.**
Street Address (PO 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: *[Signature]* **04/26/2000**
Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DS** ☐ Delete
NAME: **BERKE, HOWARD**
STREET ADDRESS: **505 PARK AVE 9TH FLOOR**
CITY-ST-ZIP: **NEW YORK NY 10022**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **DP** ☐ Delete
NAME: **SELZER, HERBERT M**
STREET ADDRESS: **505 PARK AVE 9TH FLOOR**
CITY-ST-ZIP: **NEW YORK NY 10022**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/00** Daytime Phone #: **212-755-5510**

CR2E034 (9/99)