

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000012605**

1. Entity Name

RADETTE PROPERTIES, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90109 048 ***150.00

Principal Place of Business

Mailing Address

C/O LOEB BLOCK & PARTNERS
505 PARK AVE
NEW YORK NY 10022**C/O LOEB BLOCK & PARTNERS**
505 PARK AVE
NEW YORK NY 10022-1106

2. Principal Place of Business

3. Mailing Address

NRAI SERVICES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

526 E. Park Avenue

City & State

City & State

Tallahassee, Florida

Zip

32301

Country

U.S.A.

Zip

Country

4. FEI Number

59-3558815

Applied For

Not Applicable

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

NRAI SERVICES, INC.**526 E. PARK AVE****TALLAHASSEE FL 32301**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DP
MORRIS RUBEN
C/O 505 PARK AVENUE 9TH FLOOR
NEW YORK, NY 10022TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DVP
ODETTE RUBEN
C/O 505 PARK AVENUE 9TH FLOOR
NEW YORK, NY 10022TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DT
GLORIA RUBEN
C/O 505 PARK AVENUE 9TH FLOOR
NEW YORK, NY 10022TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
S
HERBERT M. SELZER
505 PARK AVENUE 9TH FLOOR
NEW YORK, NY 10022TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)