

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90041 014 \*\*\*150.00

DOCUMENT # *P99000012605*

1. Entity Name

RADETTE PROPERTIES INC.



**DO NOT WRITE IN THIS SPACE**

90131055

2. Principal Place of Business

NRAI (Newco) Services, Inc. c/o Loeb Block & Partners LLP

3. Mailing Address

Suite, Apt. #, etc.  
505 Park Avenue, 9th Fl.

Suite, Apt. #, etc.  
526 East Park Avenue

City & State

Tallahassee, FL 32301

City & State

New York, NY

4. FEI Number

59-3558815

Applied For

Not Applicable

Zip

32301

Country

Zip

10022

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
NRAI (Newco) Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) -

526 East Park Avenue

City  
Tallahassee

FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Treasurer Gloria Ruben 505 Park Avenue, 9th Fl. New York, NY 10022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/President Morris Ruben 505 Park Avenue 9th Fl. New York, NY 10022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Vice-President Odette Ruben 505 Park Avenue, 9th Fl. New York, NY 10022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Herbert M. Selzer 505 Park Avenue 9th fl. New York, NY 10022	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herbert M. Selzer, Secretary

April 20, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)