

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90113 009 ***150.00

DOCUMENT # P94000030278

1. Entity Name

SUNBIRD REALTY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

LEONARD BLOOM PA

3. Mailing Address

LOEB, BLOCK & PARTNERS LLP

Suite, Apt. #, etc.

201 S. BISCAYNE BLVD. STE.3000

Suite, Apt. #, etc.

505 PARK AVENUE - 9TH FLOOR

City & State

MIAMI, FLORIDA

City & State

NEW YORK, NEW YORK

4. FEI Number

59-3238744

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

10022

Country

U.S.A.

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.
 FIRST UNION FINANCIAL CENTER
 200 S. BISCAYNE BLVD. STE. 4750**

Name

B & C CORPORATE SERVICES

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

201 SOUTH 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, 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BERKE, HOWARD**
 CITY-ST-ZIP **505 PARK AVENUE - 9TH FLOOR**
NEW YORK, NEW YORK 10022

TITLE ☐ Change ☒ Addition
 NAME **JOSEPH CHEFFER**
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **WACKSMAN, JEFFREY E**
 CITY-ST-ZIP **505 PARK AVENUE - 9TH FLOOR**
NEW YORK, NEW YORK 10022

TITLE ☐ Change ☒ Addition
 NAME **TRICIA CHEFFER**
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **RASCH, M. STEPHEN**
 CITY-ST-ZIP **505 PARK AVENUE - 9TH FLOOR**
NEW YORK, NEW YORK 10022

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **KRAUS, HOWARD**
 CITY-ST-ZIP **C/O 505 PARK AVENUE - 9TH FLOOR**
NEW YORK, NEW YORK 10022

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

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
 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

Stephen M. Rasch

Date

Daytime Phone #

4/26/00 212/755-5510

CR2E034 (9/99)