

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

042525

DOCUMENT # P98000030508

1. Entity Name

PROVIDENCE PLACE APARTMENTS, INC.

03-02-2001 90052 032 ***150.00

Principal Place of Business C/O SENTINEL REAL ESTATE 666 FIFTH AVENUE, 26TH FLOOR NEW YORK NY 10103 US	Mailing Address C/O SENTINEL REAL ESTATE 666 FIFTH AVENUE, 26TH FLOOR NEW YORK NY 10103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1251 Avenue of the Americas Suite, Apt. #, etc. 36th Floor	3. Mailing Address 1251 Avenue of the Americas Suite, Apt. #, etc. 36th Floor
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City & State New York, NY	City & State New York, NY
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4. FEI Number 59-3503743	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 10020	Country USA	Zip 10020	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent 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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STREICKER, JOHN H 666 FIFTH AVE NEY YORK NY 10103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLI, NOEL G 666 FIFTH AVE NEW YORK NY 10103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIETJEN, GEORGE 666 FIFTH AVE NEY YORK NY 10103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNY, MICHAEL J 666 FIFTH AVE NEY YORK NY 10103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONGO, ELIZABETH 666 FIFTH AVE NEW YORK NY 10103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watters, Connell J. 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Baron, Ellyn 1251 Avenue of the Americas New York, NY 10020

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: Ellyn Baron 1/29/01 212-408-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Ellyn Baron, Assistant Secretary

CR2E034 (10/00)