

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003892

1. Entity Name
THE RELATED REALTY GROUP, INC.

Principal Place of Business

ATTN: LEGAL DEPT.
625 MADISON AVE.
NEW YORK NY 10022

Mailing Address

ATTN: LEGAL DEPT.
625 MADISON AVE.
NEW YORK NY 10022

FILED

01 JUL 25 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

to the Related companies, C.P.
625 Madison Avenue
new York

3. Mailing Address

Suite, Apt. #, etc.
Att: Legal Dept.
new York

DO NOT WRITE IN THIS SPACE

Zip

Country

10022

Zip

10022

Country

4. FEI Number

13-3627393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PCD
NAME ROSS, STEPHEN M
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE VD
NAME BRENNER, MICHAEL
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE S
NAME MCGUIRE, SUSAN J
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE D
NAME BLAU, JEFF T
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004512557--5
-08/02/01--01038--005
****550.00 ****550.00

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

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

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

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

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:

Michael Brenner **Michael Brenner** 7/19/01 212 421-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)