

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812360

1. Entity Name  
REALMART, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90018 043 \*\*\*150.00

Principal Place of Business

38 E 63 RD ST  
NEW YORK NY 10021  
US

Mailing Address

38 E 63 RD ST  
NEW YORK NY 10021  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 23-1624636

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 32301-2525

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 13, 2000 Min. 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 PD  
NAME HALPERIN, RICHARD ☒ Delete  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE VD  
NAME SCHWARTZ, BARRY F. ☐ Delete  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE VC  
NAME WINOKER, LAURENCE ☐ Delete  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE VS  
NAME DICKES, GLENN ☐ Delete  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE VAT  
NAME KESSEL, GERRY ROTH ☐ Delete  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE VAS  
NAME SCHAFFER, MARVIN ☐ Delete  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME MAHER, JAMES R.  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK, NY 10021

TITLE EXE. VP, GEN. COUNSEL ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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:

*Maxwell J. Schaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)