

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90438 034 ***300.00

DOCUMENT # **840372**

1. Entity Name

ERO PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 West 52nd Street

Suite, Apt. #, etc.

NYC09-0810

City & State

New York, NY

Zip
10019

Country

U.S.A.

3. Mailing Address

31 West 52nd Street

Suite, Apt. #, etc.

NYC09-0810

City & State

New York, NY

Zip
10019

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2911478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**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
D/P
Mark P. Cohen
31 West 52nd Street
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Keith C. Braun
31 West 52nd Street
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Siantoro Goeyardi
31 West 52nd Street
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Sandra L. West
31 West 52nd Street
New York, NY 10019

TITLE
NAME
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CITY - ST - ZIP

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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:

Sandra L. West

Sandra L. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

212-469-8174

Daytime Phone #

CR2E034B (12/02)