## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

RR)

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

02-10-2003 90438 034 \*\*\*300.00

## DOCUMENT # 840372

1. Entity Name

| ERO  | PROPERT   | TIES, INC.   |   | ·V   |  |   |                |                                  |  |
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| Turning at 8   |   | is a transmission of the fell  | SPATER CARREST                          | week in  | 化碱化铁铁矿   |   | ,              |                                  |  |
| 2. Principal Place of Business   |   |  | 3. Mailing Address                      |  |  |   |                | ,                                |  |
| 31 West 52nd Street Suite, Apt. #, etc.  |   |  | 31 West 52nd Street Suite, Apt. #, etc. |  |  | DO NOT WRITE IN THIS S  | PACE           |                                  |  |
| NYC09-0810   |   |  | NYC09-0810                              |  |  | 351151177111211711100   |                |                                  |  |
| City & State   |   |  | City & State                            |  |  | 4. FEI Number   |                | Applied For                      |  |
| New York, NY   |   |  | New York, NY                            |  |  | 13-2911478   Not Applicable                                       |                |                                  |  |
| 10019  |   | Country U.S.A.   | Zip<br>10019                            | Country U.S.A.   |  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                |                                  |  |
| A CONTRACTOR   | (editor)  | and a second process of the second                                    |   |  | 1  | 7. Name and Address of Current Registered                         |                |                                  |  |
|  | 6 (A SEC.)  | MUNICIPAL SALES  | et er ere teknik time                   | ele-Col  | Name ~~~   |   |                |                                  |  |
|  | $\mathbf{D}$  | O NOT W  | RITE                                    |  | CT Corporation System Street Address (P.O. Box Number is Not Acceptable) |   |                |                                  |  |
|  | in in   | I THIS SP  | ACE TO THE                              |  | 1200 Sou   | th Pine Island Road   |                |                                  |  |
|  | 92454   |  |   |  |  |   |                |                                  |  |
|  |   | TO STATE OF STATE SHEET AND STATE OF S                                     |   |  | City Plan  | tation FL   | Zip.           | Code<br>3324                     |  |
|  | e named entity  |  | r the purpose of changing its           | register   | ed office or register  | ed agent, or both, in the State of Florida. I am fa               | miliar w       | rith, and accept                 |  |
|  | ŭ   | J  |   |  |  | ,   |                |                                  |  |
| SIGNATURE  | Signature, typed o  | printed name of registered agent of  | and title if applicable. (NOT           | : Registere  | d Agent signature required   | when reinstating) DATE  |                |                                  |  |
| Ja   | nuary 1 - Ma  | y 1 Fee is \$150.00<br>Fee is \$550.00   | ure:                                    |  |  | 9. Election Campaign Financing                                    |                | 5.00 May Be                      |  |
|  | Amended   | UBR is \$61.25   |   |  |  |   |                | dded to Fees                     |  |
| Make Check   |   |  |   |  |  | Trust Fund Contribution.  | A              |                                  |  |
| The state of the s |   | Florida Department of  | ) and assertation of                    | a service of   |  | Trust Fund Contribution.  | A              | i yang di digina mengalah dan di |  |
| 10.  | k Payable to  |  | ) and assertation of                    | 00 0 110 00 111  |  | Trust Fund Contribution.  | Ar<br>Jude Sil |                                  |  |
| <b>10</b> .  | k Payable to  | Florida Department of<br>OFFICERS AND  | ) and assertation of                    | 00 0 110 00 111  |  | Trust Fund Contribution.  | A              |                                  |  |
| 10.<br>TITLE<br>NAME   | Payable to D/P Mark P.  | Florida Department of<br>OFFICERS AND  | ) and assertation of                    | TITLE  |  | Trust Fund Contribution.  |                |                                  |  |
| 10.<br>TITLE<br>NAME   | D/P<br>Mark P.<br>31 West   | OFFICERS AND  Cohen  | ) and assertation of                    | TITLE<br>NAMI<br>STRE  |  | Trust Fund Contribution.  |                |                                  |  |
| 10. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE  | D/P<br>Mark P.<br>31 West<br>New Yor<br>D   | Cohen 52nd Street k, NY 10019  | ) and assertation of                    | TITLE NAMI STREE CITY  | ET ADDRESS<br>ST-7/P   | Trust Fund Contribution.  |                |                                  |  |
| 10. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME   | D/P<br>Mark P.<br>31 West<br>New Yor<br>D<br>Keith O  | Cohen 52nd Street k, NY 10019  | ) and assertation of                    | TITLE RAMI STRE CITY TITLE RAMI  | ET ADDRESS<br>ST-DP  | Trust Fund Contribution.  |                |                                  |  |
| 10. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE  | D/P<br>Mark P.<br>31 West<br>New Yor<br>D<br>Keith C<br>31 West                                 | Cohen 52nd Street k, NY 10019  Braun 52nd Street   | ) and assertation of                    | TIPLE NAME STREE CITY TITLE NAME STREE   | ET ADDRESS<br>ST-7/P   | Trust Fund Contribution.  |                |                                  |  |
| 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP  | D/P<br>Mark P.<br>31 West<br>New Yor<br>D<br>Keith C<br>31 West                                 | Cohen 52nd Street k, NY 10019  | ) and assertation of                    | TIFLE NAME STREE CITY TITLE NAME STREE CITY  | ET ADDRESS<br>ST-ZP  | Trust Fund Contribution.  |                |                                  |  |
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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.

NAME

STREET ADDRESS

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NAME

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Sandra L. West

212-469-8174

Daytime Phone #

CR2E034B (12/02)