FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, with

SIGNATURE AND TYPED OF PRINTED NAME OF

SIGNATURE:

## Feb 11, 2002 8:00 am Secretary of State **DOCUMENT #** F93000000477 1. Entity Name 02-11-2002 90060 009 \*\*\*150 00 RATNER GROUP, INC. Principal Place of Business Mailing Address 1 METRÖTECH CENTER NORTH 1 METROTECH CENTER NORTH **BROOKLYN NY 11201 BROOKLYN NY 11201** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number Applied For 13-3428903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE □ Delete Addition NAME RATNER, BRUCE C NAME CR2E034 STREET ADDRESS 1 METROTECH CENTER NORTH STREET ADDRESS **BROOKLYN NY 11201** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME BERLINER, DAVID L STREET ADDRESS 1 METROTECH CENTER NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11201** TITLE ... Delete -TITLE\_ \_\_\_\_ Addition. NAME MINIERI, JOANNE STREET ADDRESS 1 METROTECH CENTER NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11201** TITLE ☐ Delete TITLE Change ☐ Addition NAME SANNA, ROBERT NAME STREET ADDRESS STREET ADDRESS 1 METROTECH CENTER NORTH CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11201** TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 is 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if