

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004137

1. Entity Name

CP1 REAL ESTATE SERVICES INC.



FILED

03 MAY -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 7th Ave

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10019

Country

3. Mailing Address

101 HUDSON STREET

Suite, Apt. #, etc.

39TH. FLOOR

City & State

JERSEY CITY, NJ

Zip

07302

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3068879

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICES COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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

PV
ROCCO F. ANDRIOLA
745 7TH AVE
NEW YORK, N.Y. 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900018017209
05/05/03--01096--007 **900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AC
BARRY J. O'BREIN
101 HUDSON STREET
JERSEY CITY, N.J. 07302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
JEFFREY A. WELIKSON
745 7TH AVE
NEW YORK, N.Y. 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
IAN T. LOWITT
745 7TH AVE
NEW YORK, N.Y. 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROCCO F. ANDRIOLA
745 7TH AVE
NEW YORK, N.Y. 10019

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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: _____

BARRY J. O'BRIEN

BARRY J. O'BRIEN

04/28/2003

201-524-5430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)