

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 30 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # F95000002142**

1. Entity Name  
**RELATED INDEPENDENCE ASSOCIATES III INC.**

Principal Place of Business  
**C/O THE RELATED COMPANIES LP  
625 MADISON AVENUE  
NEW YORK, NY 10022 US**

Mailing Address  
**C/O THE RELATED COMPANIES -LESLEY BENJAMIN  
625 MADISON AVE  
NEW YORK, NY 10022 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**13-3751285**

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	SVP	<input type="checkbox"/> Delete
NAME	BOESKY, STUART	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BONDONARO, ROBERT	
STREET ADDRESS	625 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HIRMES, ALAN P	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNER, MICHAEL	
STREET ADDRESS	625 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHNITZER, MARC	
STREET ADDRESS	625 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KILEY, DENISE	
STREET ADDRESS	625 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500017634945

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa Wicelinski **TERESA WICELINSKI** 4/28/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2012



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 2:52 PM

ORDER NO. : 075874-175

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher  
The Related Companies, Inc.  
9th Floor  
625 Madison Avenue  
New York, NY 10022

RECEIVED  
03 APR 30 PM 3:42  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: RELATED INDEPENDENCE  
ASSOCIATES III INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: \_\_\_\_\_