

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003889

1. Entity Name

ATRIUM APARTMENTS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90021 039 ***150.00

Principal Place of Business

Mailing Address

C/O RELATED - LEGAL DEPT.
625 MADISON AVE.
NEW YORK NY 10022

C/O RELATED - LEGAL DEPT.
625 MADISON AVE.
NEW YORK NY 10022-1801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3842047**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARRON, EDWARD W JR	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TSVP	<input type="checkbox"/> Delete
NAME	SOKOLOVIC, JOHN	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAHN, ROBERT	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLMERS, PAUL	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGENBUCK, ANDREW	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	

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	
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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	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Cahn Robert Cahn

Date

1/20/2000

Daytime Phone #

212-421-5580

CR2E034 (9/99)