## 2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 22, 2001 8:00 am Secretary of State DOCUMENT # F95000005988 MXF REALTY CORP. 01-22-2001 90017 037 \*\*\*150.00 Mailing Address Principal Place of Business 888 7TH AVE #3400 888 7TH AVE #3400 NEW YORK NY 10106-0199 NEW YORK NY 10106-0199 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 88-0261043 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD Street Address (P.O. Box Number is Not Acceptable) 1406 HAYES ST #2 TALLAHASSEE FL 32301 Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change DPT ☐ Addition DΡ ☐ Delete TITLE TITLE LOPATER, LAWRENCE NAME NAME STREET ADDRESS 888 SEVENTH AVE, STE 3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10106** DVS XI Change ■ Addition ☐ Delete TITLE TITLE BORY, JUDITH NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVETH AVE., SUITE 3400 CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10106-0199** Change ☐ Addition TITLE PATO Delete TITLE COLLINS, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE., SUITE 3400 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106-0199 ☐ Change ☐ Addition X Delete TITLE TITLE SPOTO-WERSAL, ANTONINA L NAME NAME STREET ADDRESS 888 SEVENTH AVE., SUITE 3400 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP NEW YORK FL 10106-0199 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Judith Bory

1/9/01

212-333-2107

Daytime Phone #