## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # F96000000853 1. Entity Name RCA REALTY MANAGEMENT SERVICES, INC. 01-26-2000 90032 014 \*\*\*150.00 Principal Place of Business Mailing Address 720 FIFTH AVE., 10TH FL. 720 FIFTH AVE., 10TH FL. NEW YORK NY 10019 NEW YORK NY 10019-4107 906687 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 76-0474329 Not Applicate 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE □ Addition NAME GERSCHEL, PATRICK A STREET ADDRESS STREET ADDRESS 720 FIFTH AVE., 10TH FL. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** TITLE ☐ Delete TITLE ☐ Change Addition NAME SCHERR, MARC D NAME STREET ADDRESS STREET ADDRESS 720 FIFTH AVE. 10TH FL CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** TITLE ☐ Delete TITLE Change Addition GATTEGNO, LARRY A NAME NAME STREET ADDRESS STREET ADDRESS 720 FIFTH AVE., 10TH FL. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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:

/resident