

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90014 030 \*\*\*150.00

**DOCUMENT # F96000006498**

1. Entity Name

**RB DEL MAR, INC.**



Principal Place of Business

**300 W 43RD ST 4TH FL  
NEW YORK NY 10036  
US**

Mailing Address

**300 W 43RD ST 4TH FL  
NEW YORK NY 10036  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3920478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent 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 **PCT** ☐ Delete  
NAME **BASCIANO, RICHARD**  
STREET ADDRESS **300 WEST 43RD STREET, 4TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **VDS** ☒ Delete  
NAME **WEXLER, SCOTT**  
STREET ADDRESS **300 WEST 43RD STREET, 4TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **D** ☐ Delete  
NAME **OSHTRY, NORMAN**  
STREET ADDRESS **1819 JFK BLVD., SUITE 313**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICK PERS / SECRETARY / DIRECTOR** ☐ Change ☒ Addition  
NAME **FRANK CRESCI, JR.**  
STREET ADDRESS **300 W. 43rd ST., 4th FL.**  
CITY-ST-ZIP **NEW YORK, N.Y. 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK CRESCI, JR. 4/14/03 212-247-4910 x206**

Date

Daytime Phone #

CR2E034 (10/02)