

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005130

1. Entity Name
AEGIS REALTY SE, INC.

Principal Place of Business

625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address

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

FILED

01 JUL 25 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.
625 Madison Avenue

3. Mailing Address

Suite, Apt. #, etc.
Attn: legal Dept

City & State

new York

City & State

new York

Zip

Country

10022

Zip

Country

10022

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3916825

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	FRIED, J M	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOESKY, STUART J	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	WICELINSKI, TERESA	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PALERMO, RICHARD A	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, PETER T	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCH, ARTHUR P	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan P. Humes	
STREET ADDRESS	c/o the Related Companies, C.P.	
CITY-ST-ZIP	625 Madison, NY, NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8000004512558--2	
STREET ADDRESS	-08/02/01--01038--006	
CITY-ST-ZIP	****550.00 ****550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Hopps	
STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	NY 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		

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 Required Alan P. Humes, 7/10/01 212-421-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)