## 2002 UNIFORM BUSI SS REPORT (UBR)

## Jun 03, 2002 8:00 am Secretary of State DOCUMENT # F9800003889 CEDAR INCOME FUND, LTD. CORP. 06-03-2002 91193 020 \*\*\*558.75 Principal Place of Business Mailing Address 44 SOUTH BAYLES AVENUE 44 SOUTH BAYLES AVENUE PORT WASHINGTON NY 11050 PORT WASHINGTON NY 11050 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 42-1241468 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$350.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. X Addition TITLE Delete TITLE NAME ULMAN, LEO S NAME der KINDEREN, J.A.M.H. STREET ADDRESS 44 SOUTH BAYLES AVENUE STREET ADDRESS 44 SOUTH BAYLES AVENUE CITY-ST-ZIP CITY-ST-ZIP PORT WASHINGTON NY 11050 PORT WASHINGTON, NY 11050 □ Change \*\* Addition TITLE VD Delete TITLE D NAME walker. Brenda j NAME FRANK MATHESON STREET ADDRESS STREET ADDRESS 44 SOUTH BAYLES AVENUE 44SOUTH BAYLES AVENUE CITY-ST-ZIP CITY-ST-ZIP PORT WASHINGTON NY 11050 PORT WASHINGTON: NY 11050 🗷 Delete TITLE ☐ Change Addition TITLE FASCIANO, JOHN NAME NAME JAMES BURNS STREET ADDRESS STREET ADDRESS 44 SOUTH BAYLES AVENUE 44 SOUTH BAYLES AVENUE CITY-ST-ZIP CITY-ST-7IP PORT WASHINGTON NY 11050 PORT WASHINGTON, NY 11050 ☐ Addition TITL€ ☐ Change ☐ Delete TITLE NAME WIDOWSKI, STUART NAME STREET ADDRESS STREET ADDRESS 44 SOUTH BAYLES AVENUE CITY-ST-ZIP CITY-ST-ZIP PORT WASHINGTON NY 11050 ☐ Change Addition Delete TITLE TITLE NAME NAME MANIERI, ANN STREET ADDRESS STREET ADDRESS 44 SOUTH BAYLES AVENUE CITY-ST-ZIP CITY-ST-ZIF PORT WASHINGTON NY 11050 Change . Addition TITLE TITLE ☐ Delete NAME NAME\_ MILLER III, EVERETT B

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 appears, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

44 SOUTH BAYLES AVENUE

PORT WASHINGTON NY 11050

5/24/02

(SIL) 767=6492

**FILED**