## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # G99837 1. Entity Name RITTENHOUSE PROPERTY INVESTORS, INC. 02-05-2000 90004 023 \*\*\*150.00 Mailing Address Principal Place of Business % CY PROPERTIES. INC. % CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL 404 WASHINGTON AVE., ATTN: CHINA GRILL MIAMI BEACH FL 33139-6600 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-2165987 Not -: --Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CY PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 404 WASHINGTON AVE ATTN: CHINA GRILL MIAMI BEACH FL 33139 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 (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 Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Ø Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. • == .... PD TITLE ☐ Change TITLE Delete CHODOROW, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 19925 NE 39 PLACE, PH 701 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change Addition ☐ Delete TITLE YOGEL, LARRY D. NAME NAME 748 CANTERBURY LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VILLANDVA PA 19085 \_\_\_.Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Same Barrie CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ← Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE 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 teport 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.78 00 (305) 5384 (CG

JEFFREY CHODOROW, PRESIDENT