

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91336 049 ***150.00

DOCUMENT # K49767



1. Entity Name
FRCA - SUNSCAPE CORP.

Principal Place of Business
**C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK NY 10001**

Mailing Address
**C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK NY 10001**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0880227**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE FL 32901**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOBROW, IRVING S.	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALPER, NORMAN A.	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BERGMAN, HARRY	
STREET ADDRESS	3902 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	JONATHAN ROSEN	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NIMKOFF, ROBERT L	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, WILLIAM M.	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **4-1503 212-279-6102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)