

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90068 038 ***150.00

DOCUMENT # M86209

1. Entity Name
PEGASUS POLO FARMS, INC.

Principal Place of Business Mailing Address

243 CLARK AVE. 900 3RD AVE., 29TH FL.
 WEST PALM BCH. FL 33480 NEW YORK NY 10022-4728
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 NEW YORK, NY

4. FEI Number 52-1576326 Applied For
 Not Applicable

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

Zip Country Zip Country
 10021



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, #2
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSS, MARTIN D.	NAME	
STREET ADDRESS	243 CLARKE AVE.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBERMAN, HOWARD R.	NAME	
STREET ADDRESS	36 RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TENAFLY NJ	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, CATHERINE	NAME	ANDREA FALLON
STREET ADDRESS	20 EAST 22ND STREET, #2D	STREET ADDRESS	667 MADISON AVE
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Howard Guberman **REQUIRED** HOWARD GUBERMAN 212-688-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)