

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001133

1. Entity Name
SUN POINTE BAY LLC

APPROVED
AND
FILED

00 MAY -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036

Mailing Address
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036-8401

2. Principal Place of Business
220 EAST 42 STREET

3. Mailing Address
220 EAST 42 STREET

Suite, Apt. #, etc.
27 FLOOR

Suite, Apt. #, etc.
27 FLOOR

City & State
NEW YORK NY

City & State
NEW YORK NY

Zip
10017

Country

Zip
10017

Country

4. FEI Number
13-4025987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, MICHAEL
540 BRICKELL KEY DRIVE, SUITE C-1
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LUSKI, DAVID
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TANSEY, FRANCIS X
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BAUMAN, MICHAEL
540 BRICKELL KEY DR., SUITE C-1
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

220 EAST 42 STREET, 27 FLOOR
NEW YORK, NY 10017

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

220 EAST 42 STREET, 27 FLOOR
NEW YORK, NY 10017

☒ Change ☐ Addition

TITLE
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200805120001133

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

FRANCIS X. TANSEY

Date

4/28/2000

Daytime Phone #

212/697-4740

0012717 AF

CR2E083 (9/99)