2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000118213 1. Entity Name SREV MAYFAIR FLORIDA, INC.

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Principal Place of Business C/O SENTINEL REAL ESTATE CORPORATION 1251 AVE. OF THE AMERICAS NEW YORK NY 10020		Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVE. OF THE AMERICAS NEW YORK NY 10020						
2. Principal	Place of Business	3. Mailing Address		 .				
Cuito An	A. H							-41 -116 - 1151 1981
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE				
City & State					26 2222			Applied For
Zip	Country	Zip	Country	·	26~0001093 5. Certificate of Status Desire	ed [7	\$8.75 A	Not Applicable
	6. Name and Address of Currer	it Registered Agent					Fee Requ	
	The same of the sa	- T - 1 - T - 17:2	Nar	ne -	7. Name and Address of Ne	w Registered A	Agent	
	RVICES, INC.							
	ark ave.	Street Address		et Address (I	(P.O. Box Number is Not Acceptable)			
TALLAHA	ISSEE FL 32301			· · · · · · · · · · · · · · · · · · ·				
<u> </u>			City			FL	Zip Co	
8. The above	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered offic	e or registere	ed agent, or both, in the State of	f Florida Lam f	amilia isl	
me obliga	tions of registered agent.		•		ou agont, or both, in the state of	i Fiorida. Tam 18	amıllar witi	n, and accept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI	E: Registered Agent s	ignature required v	when reinstating)	DATE		
9. This corpo	Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangible							
9. This corpo	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	!! FEE IS \$5 3, 2002 Fee wi	50.00	10. Election Campaign	Financing	\$5.	00 May Be
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLY Baron. Assistant Secre

7/11/02

212-408-5000