

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02962

1. Entity Name

SB PARTNERS REAL ESTATE CORPORATION

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90012 032 ***150.00

Principal Place of Business	Mailing Address
FIFTH AVENUE FLOOR YORK NY 10103	666 FIFTH AVENUE 26TH FLOOR NEW YORK NY 10103-2699 US

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
13-2636431	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

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 _____

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	STREICKER, JOHN H.
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	N.Y. NY
TITLE	S <input type="checkbox"/> Delete
NAME	WERMAN, SUSAN T
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	N.Y. NY
TITLE	D <input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C.
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NY, NY
TITLE	D <input type="checkbox"/> Delete
NAME	WEINER, DAVID W.
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	N.Y., N Y
TITLE	D <input type="checkbox"/> Delete
NAME	KURTZ, CHRISTINE C.
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> Delete
NAME	WEINBERGER, MICHAEL
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	MICHAEL KENNY
CITY-ST-ZIP	666 FIFTH AVE. 26TH FLOOR NEW YORK, N.Y. 10103
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	

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: *[Signature]* 1/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)