

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90341 038 ***550.00

DOCUMENT # P02962
1. Entity Name
SB PARTNERS REAL ESTATE CORPORATION

Principal Place of Business
1251 AVENUE OF THE AMERICAS
NEW YORK NY 10020
US

Mailing Address
1251 AVENUE OF THE AMERICAS
NEW YORK NY 10020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-2636431

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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
 Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME STREICKER, JOHN H.
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME KENNY, MICHAEL
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CASSIDY, MILLIE C
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☐ Delete

TITLE VD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME WEINER, DAVID W
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☐ Delete

TITLE VD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME KURTZ, CHRISTINE C
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WEINBERGER, MICHAEL
STREET ADDRESS 1251 AVENUES OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kenny, VP and Secy

7/11/02

212-408-5000

Date

Daytime Phone #

CR2E034 (4/02)