

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91499 041 \*\*\*150.00

**DOCUMENT # P04858**

**1. Entity Name**  
**PB-SB INVESTMENTS INC**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
7 WORLD TRADE CTR. TAX DEPT-28TH FLOOR NEW YORK NY 10004 US	7 WORLD TRADE CTR. TAX DEPT-28TH FLOOR NEW YORK NY 10048 US



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 333 W. 34th St. Suite, Apt., etc. Tax Dept. - 4th fl City & State New York, NY Zip 10001	<b>3. Mailing Address</b> 333 W. 34th St. Suite, Apt., etc. Tax Dept. - 4th fl City & State New York, NY Zip 10001
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<b>4. FEI Number</b> 13-3138080	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> KLEINMAN, MARK	
<b>STREET ADDRESS</b> 388 GREENWICH ST	
<b>CITY-ST-ZIP</b> NEW YORK NY 10013	
<b>TITLE</b> T	<input type="checkbox"/> Delete
<b>NAME</b> VERROH, CLIFF	
<b>STREET ADDRESS</b> 388 GREENWICH ST	
<b>CITY-ST-ZIP</b> NEW YORK NY 10048	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> ENGEL, MARCY	
<b>STREET ADDRESS</b> 250 WEST ST	
<b>CITY-ST-ZIP</b> NEW YORK NY 10013	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> YASTINCE, BARBARA	
<b>STREET ADDRESS</b> 388 GREENWICH ST	
<b>CITY-ST-ZIP</b> NEW YORK NY 10013	
<b>TITLE</b> AT	<input type="checkbox"/> Delete
<b>NAME</b> ANZEL, KEITH	
<b>STREET ADDRESS</b> 7 WORLD TRADE CENTER	
<b>CITY-ST-ZIP</b> NEW YORK NY 10048	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Verron, Cliff	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Yastine, Barbara	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b> 333 W. 34th St	
<b>CITY-ST-ZIP</b> New York, NY 10001	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Keith Anzel **4/29/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Treasurer**

CR2E034 (9/01)