

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06368

1. Entity Name

TWENTY-FIRST AP #6 CORP.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90029 001 \*\*\*150.00

Principal Place of Business Mailing Address  
R D MANAGEMENT CORP % R D MANAGEMENT CORP  
SEVENTH AVENUE, 28TH FLOOR 810 SEVENTH AVENUE, 28TH FLOOR  
NEW YORK NY 10019 NEW YORK NY 10019-5818

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

City & State City & State  
Zip Country Zip Country

4. FEI Number 13-3270941 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MURRAY, STANLEY L  
82-60 S.W. 87TH TERRACE  
MIAMI FL 33143

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 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 \$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 ☐ Delete  
NAME SAMUELS, WALTER R  
STREET ADDRESS 810 7TH AVE 28TH FL C/O RD MGMT CORP  
CITY-ST-ZIP NEW YORK NY 10019  
TITLE VP ☐ Delete  
NAME SAVARESE, MARY ANN  
STREET ADDRESS 810 7TH AVE, 28TH FL, C/O RD MGMT CORP  
CITY-ST-ZIP NEW YORK NY 10019  
TITLE ST ☐ Delete  
NAME BIRDOFF, RICHARD  
STREET ADDRESS 810 7TH AVE, 28TH FL, C/O RD MGMT CORP  
CITY-ST-ZIP NEW YORK NY 10019  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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: *X Walter R Samuels* 1/17/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #