

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91420 026 \*\*\*150.00

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AV

**DOCUMENT # P11577**

1. Entity Name

**HALLMAN & LORBER ASSOCIATES, INC.**



Principal Place of Business

**787 7TH AVENUE  
49TH FLOOR  
NEW YORK NY 10019**

Mailing Address

**787 7TH AVENUE  
49TH FLOOR  
NEW YORK NY 10019**

2. Principal Place of Business

**70 East Sunrise Hwy.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 411**

City & State

**Valley Stream, NY**

Zip

**11581**

Country

**USA**

City

**Valley Stream**

State

**NY**

Zip

**11581**

Country

**USA**

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State

**NY**

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State

**NY**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**11-2357233**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May-1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **LORBER, HOWARD M.**  
STREET ADDRESS **8061 FISHER ISLAND DR**  
CITY-ST-ZIP **FISHER ISLAND FL 33109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Howard Lorber**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Lori M. Lieser**  
STREET ADDRESS **500 W. Madison, Suite 3650**  
CITY-ST-ZIP **Chicago, IL 60661**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Stephanie Scherr Olson**  
STREET ADDRESS **787 Seventh Ave, 49th Floor**  
CITY-ST-ZIP **New York NY 10019**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Michael Liebowitz**  
STREET ADDRESS **70 E. Sunrise Hwy, #411**  
CITY-ST-ZIP **Valley Stream, NY 11581**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Lawrence Becker**  
STREET ADDRESS **787 Seventh Ave, 49th Floor**  
CITY-ST-ZIP **New York NY 10019**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: Lori M. Lieser 4/22/03 312-985-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)