

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 003 ***150.00

DOCUMENT # **P94000030278**

1. Entity Name

SUNBIRD REALTY, INC.



Principal Place of Business

LEONARD H. BLOOM, P.A.
201 S. BISCAYNE BLVD., STE. 3000
MIAMI FL 33131
US

Mailing Address

LOEB, BLOCK & PARTNERS, LLP
505 PARK AVE 9TH FLOOR
NEW YORK NY 10022
US

2. Principal Place of Business

5246 Fisher Island Drive

3. Mailing Address **Santander Central**

Hispano Private Advisors

Suite, Apt. #, etc.

Fisher Island,

Suite, Apt. #, etc.

1401 Brickell Ave-Suite 1200

City & State

FLORIDA

City & State

Miami, FLA

4. FEI Number

59-3238744

Applied For

Not Applicable

Zip

33109

Country

USA

Zip

33131

Country

USA

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

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD., STE. 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5246 Fisher Island Drive

City

Fisher Island

FL

Zip Code
33109

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 **DP** ☒ Delete
NAME **BERKE, HOWARD**
STREET ADDRESS **505 PARK AVENUE 9TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **DT** ☒ Delete
NAME **WACKSMAN, JEFFREY E**
STREET ADDRESS **505 PARK AVENUE, 9TH FLOOR**
CITY-ST-ZIP **NEW YORK NE**

TITLE **DS** ☒ Delete
NAME **RASCH, M. STEPHEN**
STREET ADDRESS **505 PARK AVENUE, 9TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

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 **P/S/T** ☐ Change ☒ Addition
NAME **Daniela Kohl**
STREET ADDRESS **5246 Fisher Island Drive**
CITY-ST-ZIP **Fisher Island, Florida 33109**

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)