

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071919

1. Entity Name

CABLE BEACH PROPERTIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90113 007 \*\*\*150.00

Principal Place of Business

200 S BISCAYNE BLVD  
SUITE 4750  
MIAMI FL 33131  
US

Mailing Address

505 PARK AVE  
NEW YORK NY 10022-1106  
US

2. Principal Place of Business

% LEONARD BLOOM PA

3. Mailing Address

LOEB, BLOCK & PARTNERS LLP

Suite, Apt. #, etc.

20 S. Biscayne Blvd Ste 3000

Suite, Apt. #, etc.

505 Park Avenue Ste 900

City & State

Miami, Florida

City & State

New York, NY

4. FEI Number

65-0693722

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

10022

Country

U.S.A.

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

Name

B&C CORPORATE SERVICES, INC.

Street Address (Not Acceptable)

201 S. BISCAYNE BLVD. STE. 3000

City

MIAMI

FL

Zip Code

33131

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

*Anna Selzer, Vice President* 04/26/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME BERKE, HOWARD  
STREET ADDRESS 505 PARK AVE 9TH FL  
CITY-ST-ZIP NEW YORK NY

TITLE DS ☒ Change ☐ Addition  
NAME HOWARD BERKE  
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☐ Delete  
NAME SELZER, HERBERT M  
STREET ADDRESS 505 PARK AVENUE 9TH FL  
CITY-ST-ZIP NEW YORK NY

TITLE DVPT ☒ Change ☐ Addition  
NAME HERBERT M. SELZER  
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VPT ☒ Delete  
NAME RASCH, STEPHEN M  
STREET ADDRESS 505 PARK AVENUE 9TH FL  
CITY-ST-ZIP NEW YORK NY

TITLE DP ☒ Change ☐ Addition  
NAME JEFFREY WACKSMAN  
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VPS ☒ Delete  
NAME BLOOM, LEONARD  
STREET ADDRESS 200 S BISCAYNE BLVD, #4750  
CITY-ST-ZIP MIAMI FL

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

TITLE AS ☐ Delete  
NAME WACKSMAN, JEFFREY  
STREET ADDRESS 505 PARK AVENUE 9TH FL  
CITY-ST-ZIP NEW YORK NY

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

TITLE ☐ Delete  
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: *JEFFREY WACKSMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00  
Date

212-755-5516  
Daytime Phone #

CR2E034 (9/99)