

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90113 007 ***150.00

DOCUMENT # P96000071919

1. Entity Name
CABLE BEACH PROPERTIES, INC.

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
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2. Principal Place of Business 20 S. Biscayne Blvd PA	3. Mailing Address LOEB, BLOCK & PARTNERS LLP
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Suite, Apt. #, etc. 20 S. Biscayne Blvd Ste 3000	Suite, Apt. #, etc. 505 Park Avenue Ste 900
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City & State Miami, Florida	City & State New York, NY
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Zip 33131	Country U.S.A.	Zip 10022	Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0693722	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BLOOM, LEONARD H
 200 S BISCAYNE BLVD
 SUITE 4750
 MIAMI FL 33131**

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 *Armando Selgado, Vice President* DATE **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.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERKE, HOWARD 505 PARK AVE 9TH FL NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELZER, HERBERT M 505 PARK AVENUE 9TH FL NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RASCH, STEPHEN M 505 PARK AVENUE 9TH FL NEW YORK NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BLOOM, LEONARD 200 S BISCAYNE BLVD, #4750 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WACKSMAN, JEFFREY 505 PARK AVENUE 9TH FL NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 PARK AVE 9TH FL NEW YORK NY <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOWARD BERKE 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HERBERT M. SELZER 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFREY WACKSMAN 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and empowered.

SIGNATURE: *JEFFREY WACKSMAN* DATE: **4/11/00** DAYTIME PHONE #: **212-755-5516**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)