

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000078481**

1. Entity Name
ISG REALTY CORP., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 27 AM 9:02

Principal Place of Business
**5355 TOWN CENTER ROAD #301
THE PLAZA
BOCA RATON FL 33486**

Mailing Address
**242 EAST 51ST STREET
NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**212 East 47th ST 3 Fl
3 FLOOR
NEW YORK, NEW YORK
10017 USA**

4. FEI Number **58-2276701** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**COHEN, SETH-RUTHERFORD, MULHALL, & WARGO
SCOTT CENTER - 4TH FLOOR
2600 NORTH MILITARY TRAIL
BOCA RATON FL 33431**

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 (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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete	TITLE	200004622	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODSTEIN, STEVEN		NAME	-10/03/01--01071--003	
STREET ADDRESS	242 EAST 51ST STREET		STREET ADDRESS	*****550.00 *****550.00	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)