

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-03-2000 90119 022 \*\*\*150.00

**DOCUMENT # P97000019390**

1. Entity Name  
**JPRR PROPERTIES, INC.**

Principal Place of Business SHAPO, FREEDMAN & BLOOM, P.A. 200 S. BISCAYNE BLVD., SUITE 4750 MIAMI FL 33131.	Mailing Address LOEB, BLOCK & PARTNERS, LLP 505 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022-1106
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**00053304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**LEONARD BLOOM PA**

3. Mailing Address

Suite, Apt. #, etc.  
**201 S. Biscayne Blvd Ste 3000**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

4. FEI Number  
**65-0732070**

Applied For  
 Not Applicable

Zip  
**33131** Country  
**U.S.A.**

Zip Country

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

**SOUTH FLORIDA RESIDENT AGENTS, INC.**  
**200 SOUTH BISCAYNE BLVD., SUITE 4750**  
**MIAMI FL 33131**

Name  
**B&C CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**201 SOUTH 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 *Arva Salgado Vice President 04/26/00*  
Signature, typed or printed name of registered agent and title, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PD SELZER, HERBERT M 505 PARK AVENUE NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	SD BERKE, HOWARD 505 PARK AVENUE NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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 empowered.

SIGNATURE: *Herbert M Selzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/00 Daytime Phone # 212/755-5510