

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 17 AM 8:00

DOCUMENT # P97000058571

1. Entity Name

CARBY DEVELOPMENT CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 ROUTE 4 EAST

3. Mailing Address

210 ROUTE 4 EAST

REINSTATEMENT

02-23

DO NOT WRITE IN THIS SPACE

MRB

Suite, Apt. #, etc.

C/O VORNADO REALTY TRUST

Suite, Apt. #, etc.

C/O VORNADO REALTY TRUST

City & State

PARAMUS, NJ

City & State

PARAMUS, NJ

4. FEI Number

65-0777416

Applied For

Not Applicable

Zip

07652

Country

USA

Zip

07652

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CT CORPORATION

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

1200 S. PINE ISLAND ROAD

City PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D
MICHAEL D. FASCITELLI
STREET ADDRESS
210 ROUTE 4 EAST, PARAMUS, NJ 07652
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

100023277311
09/23/03--01037--006 **\$50.00

TITLE
NAME
D
STEVEN ROTH
STREET ADDRESS
210 ROUTE 4 EAST, PARAMUS, NJ 07652
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

100023277311
09/23/03--01037--007 **\$50.00

TITLE
NAME
ASSISTANT SECRETARY
CRAIG STERN
STREET ADDRESS
210 ROUTE 4 EAST, PARAMUS, NJ 07652
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG STERN, ASS. SECY.

9/8/03

201-587-1000

Date

Daytime Phone *

CR2E034B (12/02)