

2000 UNIFORM BUSINESS REPORT (UBR)

5/3/

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-03-2000 90113 001 ***150.00

DOCUMENT # P97000062812

1. Entity Name
CRILLON PROPERTIES INC.

Principal Place of Business Mailing Address

**200 S BISCAYNE BLVD
 SUITE 4750
 MIAMI FL 33131** **200 S BISCAYNE BLVD
 SUITE 4750
 MIAMI FL 33131-2303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

LEONARD BLOOM PA **LOEB BLOCK & PARTNERS LLP**

Suite, Apt. #, etc. Suite, Apt. #, etc.

201 S. Biscayne Blvd Ste 3000 **505 Park Avenue - Ste 900**

City & State City & State

Miami, Florida **New York, New York**

4. FEI Number Applied For

13-3975207 Not Applicable

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

6. Name and Address of Current Registered Agent

SOUTH FLORIDA RESIDENT AGENTS, INC
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 (P.O. Box Number is Not Acceptable)

201 SOUTH BISCAYNE BLVD. STE. 3000

City **MIAMI** State **FL** Zip **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 Salgado Vice President* DATE **04/26/00**

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

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* DATE **4/26/00** DAYTIME PHONE # **212-755-5510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)