

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90119 049 ***150.00

DOCUMENT # P97000062814

1. Entity Name
LAS PROPERTIES INC.

Principal Place of Business 200 S BISCAYNE BLVD SUITE 4750 SHAPE, FRIEDMAN, & BLOOM PA MIAMI FL 33131	Mailing Address LOEB, BLOCK & PARTNERS LLP 505 PARK AVE 9TH FLOOR NEW YORK NY 10022-1106
---	--



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 13-3975206	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33131	Country U.S.A.	Zip	Country
---------------------	--------------------------	-----	---------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
**BLOOM, LEONARD H.
 200 S BISCAYNE BLVD SUITE 4750
 SHAPE, FRIEDMAN, & BLOOM PA
 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
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 *Anna Salgado, Vice President* 04/26/00
Signature, typed or printed name of registered agent and title if applicable (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.
 (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	DS BERKE, HOWARD 505 PARK AVE 9TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELZER, HERBERT 505 PARK AVE 9TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Herbert M Selzer** Date: **4/26/00** Daytime Phone #: **212-755-5510**