

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000062814**

1. Entity Name

**LAS PROPERTIES INC.****FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

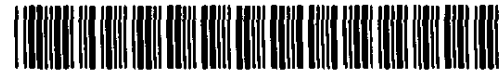
03-28-2001 90206 014 \*\*\*150.00

0000245

Principal Place of Business  
**LEONARD BLOOM PA**  
**201 BISCAYNE BLVD STE 3000**  
**MIAMI FL 33131**

Mailing Address  
**LOEB.BLOCK & PARTNERS LLP**  
**505 PARK AVE 9TH FLOOR**  
**NEW YORK NY 10022**

1 0 0 0 0 1



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>13-3975206</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

**B&C CORPORATE SERVICES, INC.**  
**201 SOUTH BISCAYNE BLVD. STE 3000**  
**MIAMI FL 33131**

|  |             |
|--|-------------|
| 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. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>BERKE, HOWARD<br/>505 PARK AVE 9TH FLOOR<br/>NEW YORK NY 10022</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DRAKE McKENNEY, VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>505 PARK AVENUE, 9TH FLOOR<br/>NEW YORK, NEW YORK 10022</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>SELZER, HERBERT<br/>505 PARK AVE 9TH FLOOR<br/>NEW YORK NY 10022</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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, PRESIDENT 1/25/01 (212) 755-5510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)