R2E034 (10/00)

FILED

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

## Apr 30, 2001 8:00 am DOCUMENT # P98000045484 Secretary of State EAST 40TH STREET PROPERTIES, INC. 04-30-2001 90381 025 \*\*\*158.75 Principal Place of Business Mailing Address 3904 SE OLD ST. LUCIE BLVD 3904 SE OLD ST. LUCIE BLVD STUART FL 34996 STUART FL 34996 · 特別語:電子 · · US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0844159 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1500 r KRAMER, WILLIAM S Box Number is Not Acceptable) Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 411-E **BOCA RATON FL 33431** Strart 8. The above named exitivy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its I tangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE X Delete Change UINT, JUST 3904 SE ON St. Lovie Blud. NAME VINY, NORTON NAME STREET ADDRESS STREET ADDRESS 3904 SE OLD ST LUCIE BLVD Stuart FL 34996 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITLE ☐ Delete TITLE Classer Gone clo Abrums Antow P4 20217-the Street NAME NAME STREET ADDRESS STREET ADDRESS Hollywood FL 33020 CITY-ST-71P CITY-ST-ZIF TITLE Delete TITLE TD Hirsh, Charles NAME clo Hirsh ! company 8525 NW 53 Fer #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT!É ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

NG OFFICER OR DIRECTOR

561-781-8100