

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075492

1. Entity Name

PREFERRED AMERICAN REAL ESTATE FUND, INC.

Principal Place of Business

271 MADISON AVENUE
SUITE 19
NEW YORK NY 10016

Mailing Address

271 MADISON AVENUE
SUITE 19
NEW YORK NY 10016

2. Principal Place of Business

271 Madison Ave.

3. Mailing Address

271 Madison Ave.

Suite, Apt., etc.

19th Floor

Suite, Apt., etc.

19th Floor

City & State

NEW YORK, N.Y.

City & State

NEW YORK, N.Y.

Zip

10016

Country

WEST VIRGINIA

Zip

10016

Country

NEW YORK

6. Name and Address of Current Registered Agent

BROWN, HEIDI
830 N.E. 70TH STREET
BOCA RATON FL 33487

(DELETE)
ADDRESS

7. Name and Address of New Registered Agent

Name, GERALD S. SCHWITZER

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

2455 E. SUNRISE BLVD (#502)

City

FORT LAUD

State

FL

Zip

33304

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

Heidi Brown, Vice President Gerald S. Schwitzer 7/6/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 2002 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

TITLE D
NAME ROTONDE, ANTHONY J - 830 NE 70th ST
STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME HEIDI BROWN
STREET ADDRESS 271 MADISON AVE
CITY-ST-ZIP NEW YORK, N.Y. 10016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME HEIDI BROWN
STREET ADDRESS 271 MADISON AVE 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

Heidi Brown REQUIE HEIDI BROWN VICE PRESIDENT 7-1-2002 212 6862258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 15, 2002 8:00 am
Secretary of State

06-06-2002 90083 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # P98000075492

1. Entity Name

PREFERRED AMERICAN REAL ESTATE FUND, INC.

Principal Place of Business

271 MADISON AVENUE
SUITE 19
NEW YORK NY 10016

Mailing Address

271 MADISON AVENUE
SUITE 19
NEW YORK NY 10016

97299



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2124826

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, HEIDI
830 N.E. 70TH STREET
BOCA RATON FL 33487

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D ROTONDE, ANTHONY J 3602 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)