

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90172 036 \*\*\*150.00

**DOCUMENT # P99000029629**

1. Entity Name

**PROSPECT PARK REALTY CORP.**

Principal Place of Business

Mailing Address

**C/O SENTINEL REAL ESTATE CORPORATION  
666 5TH AVE., 26TH FLOOR  
NEW YORK NY 10103****C/O SENTINEL REAL ESTATE CORPORATION  
666 5TH AVE., 26TH FLOOR  
NEW YORK NY 10103**2. Principal Place of Business  
**1251  
Avenue of the Americas**3. Mailing Address  
**1251  
Avenue of the Americas**Suite, Apt. #, etc.  
**36th Floor**Suite, Apt. #, etc.  
**36th Floor**City & State  
**New York, NY**City & State  
**New York, NY**Zip Country  
**10020 USA**Zip Country  
**10020 USA**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**4. FEI Number  
**65-0914682**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STREICKER, JOHN H  
666 5TH AVE.  
NEW YORK NY 10103** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KURTZ, CHRISTINE C  
666 5TH AVE.  
NEW YORK NY 10103** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LONGO, ELIZABETH  
666 5TH AVE.  
NEW YORK NY 10103** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
1251 Avenue of the Americas  
New York, NY 10020** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
1251 Avenue of the Americas  
New York, NY 10020** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
1251 Avenue of the Americas  
New York, NY 10020** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Cawley, Martin J.  
1251 Avenue of the Americas  
New York, NY 10020** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Malone, James  
1251 Avenue of the Americas  
New York, NY 10020** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Watters, Connell J.  
1251 Avenue of the Americas  
New York, NY 10020** ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Connell J. Watters, Secretary**

1/29/01

212-408-5000

Date

Daytime Phone #

CR2E034 (10/00)