

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-03-2000 90113 009 \*\*\*150.00

**DOCUMENT # P94000030278**

1. Entity Name

**SUNBIRD REALTY, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**LEONARD BLOOM PA**

3. Mailing Address

**LOEB, BLOCK & PARTNERS LLP**

Suite, Apt. #, etc.

**201 S. BISCAYNE BLVD. STE.3000**

Suite, Apt. #, etc.

**505 PARK AVENUE - 9TH FLOOR**

City & State

**MIAMI, FLORIDA**

City & State

**NEW YORK, NEW YORK**

4. FEI Number

**63-59-3238744**

Applied For

Not Applicable

Zip

**33131**

Country

**U.S.A.**

Zip

**10022**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**B & C CORPORATE SERVICES**

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

**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

*Oliver Salgado, Vice President* 04/26/2000

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  Delete  
 NAME **DP BERKE, HOWARD**  
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

TITLE  Change  Addition  
 NAME **MORIS CHEHEBAR**  
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE  Delete  
 NAME **DT WACKSMAN, JEFFREY E**  
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

TITLE  Change  Addition  
 NAME **MORIS CHEHEBAR**  
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE  Delete  
 NAME **DS RASCH, M. STEPHEN**  
 STREET ADDRESS **505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP KRAUS, HOWARD**  
 STREET ADDRESS **C/O 505 PARK AVENUE - 9TH FLOOR**  
 CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen M. Rasch**

Date

4/26/00

Daytime Phone #

212/755-5510

CR2E034 (9/99)