

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90148 046 ***150.00

DOCUMENT # S15480

1. Entity Name
BALLANTINE PROPERTIES INC.

Principal Place of Business

Mailing Address

SHAPO, FREEDMAN & BLOOM
200 SOUTH BISCAYNE STE 4750
MIAMI FL 33131
US

LOEB, BLOCK & PARTNERS LLP
505 PARK AVENUE 9TH FLOOR
NEW YORK NY 10022-1106
US

2. Principal Place of Business
LEONARD BLOOM PA

3. Mailing Address

Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste 3000

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33131

Country
U.S.A.

Zip

Country

4. FEI Number
65-0229951

Applied For
☐ Not Applicable

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

SOUTH FLORIDA R AGENTS
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD SUITE 4750
MIAMI FL 33156

Name
B&C CORPORATE SERVICES, INC.

Street Address (RD, Box Number is Not Applicable)

201 S. BISCAYNE BLVD. STE. 3000

City
MIAMI

FL

Zip
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 *Anna 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)

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	DP	<input type="checkbox"/> Delete
NAME	SELZER, HERBERT M.	
STREET ADDRESS	% 505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BLOOM, LEONARD	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD SUITE 4750	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	BERKE, HOWARD	<input type="checkbox"/> Delete
NAME	C/O 505 PARK AVE., #900	
STREET ADDRESS	NEW YORK NY 10022	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD BLOOM	
STREET ADDRESS	201 S. BISCAYNE BLVD. STE. 3000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 602, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER
Herbert M. Selzer

4/26/00 *212-7555510*
 Date Daytime Phone #

CR2E034 (9/99)