

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90016 012 \*\*\*150.00

**DOCUMENT # 355519**

1. Entity Name  
**THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS CORP**

Principal Place of Business                      Mailing Address

**COOPERATIVE APARTMENTS CORP**                      **COOPERATIVE APARTMENTS CORP**  
**2730 SOUTH OCEAN BOULEVARD**                      **2730 SOUTH OCEAN BOULEVARD**  
**PALM BEACH FL 33480**                      **PALM BEACH FLA 33480-5498**

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip                      Country                      Zip                      Country

4. FEI Number                      **59-1278041**                      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

**SISKIND, JEFFREY**  
**2730 S OCEAN BLVD**  
**PALM BEACH FL 33480**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SISKIND, JEFFREY</b> <b>2730 SOUTH OCEAN BOULEVARD</b> <b>PALM BEACH FL 33480</b> <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	<del>D</del> <b>BRILL, MALCOLM</b> <b>2730 S OCEAN BLVD</b> <b>PALM BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHORNA, JULES</b> <b>2730 South Ocean Boulevard</b> <b>Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>BILLET, SARA</del> <b>2730 WO OCEAN BLVD</b> <b>PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/T</b> <b>Louis Salomonsky</b> <b>2730 South Ocean Boulevard</b> <b>Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <b>BARASCH, PHYLLIS</b> <b>2730 SO OCEAN BLVD</b> <b>PALM BEACH FL 33480</b> <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	<del>D</del> <del>GOLD, ABE</del> <b>2730 SO OCEAN BLVD</b> <del>PALM BEACH FL 33480</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKEL, PEGGY</b> <b>2730 South Ocean Boulevard</b> <b>Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <b>SATULOFF, CHARLES</b> <b>2730 S OCEAN BLVD</b> <b>PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Jeffrey M. Siskind by Jerry L. Raith*                      **Jeffrey M. Siskind**                      4/24/00                      561-582-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)