

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91418 039 ***150.00

DOCUMENT # 355519

1. Entity Name

THE AMBASSADOR HOTEL COOPERATIVE APARTMENTS CORP

Principal Place of Business

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

Mailing Address

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



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

7. Name and Address of New Registered Agent

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SISKIND, JEFFREY**
 STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Change ☒ Addition
 NAME **Salomonsky, H. Louis**
 STREET ADDRESS **2730 South Ocean Boulevard**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **D** ☐ Delete
 NAME **BRILL, MALCOLM**
 STREET ADDRESS **2730 S OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **CHORNA, JULES**
 STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** (CHANGE) ☐ Delete
 NAME **BARASCH, PHYLLIS**
 STREET ADDRESS **2730 SO OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **TARSHIS, LAURENCE**
 STREET ADDRESS **2730 SOUTH OCEAN BOULEVARD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **FRANKEL, PEGGY**
 STREET ADDRESS **2730 S OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

PHYLLIS P. BARASCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis P. Barasch

Date

Daytime Phone #

3/15/2002 561-582-2511

CP2E034 (9/01)