

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708618

1. Entity Name

1500 CORAL TOWERS CONDOMINIUM, INC.



**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90016 001 \*\*\*\*61.25

Principal Place of Business

1500 N. E. 127TH STREET  
NORTH MIAMI FL 33161

Mailing Address

1500 N. E. 127TH STREET  
NORTH MIAMI FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-1118683

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, EVELYN  
 1500 NE 127TH STREET  
 #305  
 N MIAMI FL 33161

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

Evelyn Jones

5/01/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SWARTZBAUGH, JASON	
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESPINOSA, JAVIER	
STREET ADDRESS	1500 N.E. 127TH ST	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGEORGE, BILL	
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, MARY	
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Charles W Ross	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1500 NE 127TH ST. Apt 314	
STREET ADDRESS	N. MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	MDR J FREEMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1500 NE 127TH ST. 303 Apt.	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 it is a 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Charles W Ross*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)