

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90108 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 716737**  
 1. Entity Name  
**CAMBRIDGE TOWERS, INC.**

Principal Place of Business      Mailing Address  
 1601 SOUTH OCEAN DRIVE      1601 SOUTH OCEAN DRIVE  
 HOLLYWOOD FL 33019      HOLLYWOOD FL 33019-2416  
 US

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number      Applied For  
**59-1272473**      Not Applicable

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

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**ROBERT PETROCELLI, CPA**  
**1920 E. HALLANDALE BEACH BLVD.**  
**SUITE 100**  
**HALLANDALE FL 33009**

**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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLLIS, NATHAN</b> <b>1601 S. OCEAN DRIVE</b> <b>HOLLYWOOD FL 33019</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	<b>T</b> <b>PELTIN, EARL</b> <b>1601 S. OCEAN DRIVE 5502</b> <b>HOLLYWOOD FL 33019</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	<b>S</b> <b>FINK, JAMES</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</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	<b>D</b> <b>DUBEUIL, ROBERT</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D MIKAIL KOLUCOUK</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HILDEGARD, ROSE</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D EVELYN DAVIS</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PROULX, FRANCOIS</b> <b>1601 S. OCEAN DRIVE</b> <b>HOLLYWOOD FL 33019</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D EARL RODGERS</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b>

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 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 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: SIGNATURE      1/5/2000      954 929 3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)