

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90206 033 ****61.25

DOCUMENT # 716737

1. Entity Name

CAMBRIDGE TOWERS, INC.

Principal Place of Business

1601 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019
 US

Mailing Address

1601 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1272473

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT PETROCELLI, CPA
1920 E. HALLANDALE BEACH BLVD.
SUITE 100
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-2001

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	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLIS, NATHAN	
STREET ADDRESS	1601 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PELTIN, EARL	
STREET ADDRESS	1601 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FINK, JAMES	
STREET ADDRESS	1601 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBEUIL, ROBERT	
STREET ADDRESS	1601 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, EVELYN	
STREET ADDRESS	1601 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, EARL	
STREET ADDRESS	1601 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Laccone	
STREET ADDRESS	1601 S. Ocean DRIVE	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Matera	
STREET ADDRESS	1601 S. Ocean Dr	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hildegard Rose	
STREET ADDRESS	1601 S. Ocean Dr	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Maniscalco	
STREET ADDRESS	1601 S. Ocean DR	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis Matera

Date

Daytime Phone #

1-23-2001

CP2E037 (10/00)