

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 23, 2002 8:00 am
Secretary of State

02-25-2002 90025 009 ****61.25

DOCUMENT # 728556

1. Entity Name

KING COLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**900 BAY DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**900 BAY DRIVE
MIAMI BEACH FL 33141**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1905933

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

**% HYMAN & KAPLAN
44 W. FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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** ☐ Delete
NAME **STEINBERG, PAUL D**
STREET ADDRESS **900 BAY DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **BRANDT, JEROME**
STREET ADDRESS **900 BAY DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **GRECO, CHRISTOPHER**
STREET ADDRESS **900 BAY DRIVE #1A04**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **REY, MARILYN**
STREET ADDRESS **900 BAY DRIVE #1017**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **HOOVER, JAMES**
STREET ADDRESS **900 BAY DRIVE, #527**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STEINBERG, PAUL**
STREET ADDRESS **400 BAY DRIVE #PH05**
CITY-ST-ZIP **MIAMI BEACH FL 33141**TITLE ☐ Change ☐ 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 ATTACHMENT

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

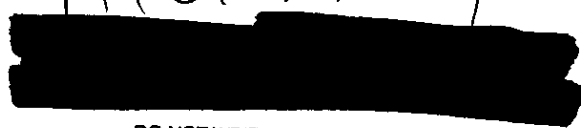
Principal Place of Business
900 BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address 39205
728556
900 BAY DRIVE
MIAMI BEACH FL 33141

Attachment

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1905933** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
% HYMAN & KAPLAN
44 W. FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

OFFICERS AND DIRECTORS

	P	V	S	D	DV	D
ST- ZIP	900 BAY DRIVE MIAMI BEACH FL 33141	900 BAY DRIVE MIAMI BEACH FL 33141	900 BAY DRIVE #1A04 MIAMI BEACH FL 33141	900 BAY DRIVE #1017 MIAMI BEACH FL 33141	900 BAY DRIVE, #527 MIAMI BEACH FL 33141	400 BAY DRIVE #PH05 MIAMI BEACH FL 33141
DELETE	☒	☒	☒	☐	☐	☒
TITLE				VICE PRESIDENT	DIRECTOR	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	WAYNE, GARRETT	SLAVIN, BONNIE	AROCHA, ROLAND	BERNSTEIN NICOLETTE	LEVINSON, STEVEN
ST- ZIP	900 BAY DRIVE MIAMI BEACH, FL 33141	900 BAY DRIVE MIAMI BEACH, FL 33141	900 BAY DRIVE MIAMI BEACH, FL 33141	900 BAY DRIVE MIAMI BEACH, FL 33141	900 BAY DRIVE MIAMI BEACH, FL 33141
DELETE	☐	☐	☐	☐	☐
TITLE	TREASURER	SECRETARY	PRESIDENT	DIRECTOR	DIRECTOR

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 an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/6/02

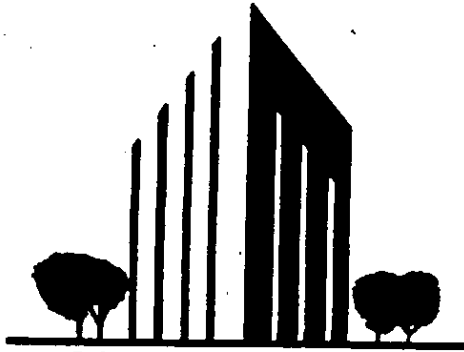
Date

(305) 866-1441

Daytime Phone #

Roberts Management & Realty Co., Inc.

"SERVING FLORIDA SINCE 1960"



July 18, 2002

Attachment 39205
728556

1840 N.E. 153RD STREET • NORTH MIAMI BEACH, FLORIDA 33162
• DADE (305) 947-3999 • BROWARD (954) 523-2650 • FAX (305) 947-1478

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: King Cole Condominium Association, Inc.
FEI Number- 59-1905933

Attached please find copy of the list of officers on the above-referenced corporation. In addition, please find copy of the cancelled check for report submitted on 2/6/02. As per your request, we are returning the 2002 Uniform Business Report you have sent us.

Please file our annual report/uniform business report as soon as possible.

Thank you for your attention regarding this matter.

Cordially,

ROBERTS MANAGEMENT & CO. INC.

Attachment

39205

728556

KING COLE
CONDOSUM ASSOCIATION, INC.
SPRING RIDGE
10000 FLORIDA AVE
TALLAHASSEE, FL 32308-1500

41559012245

61.25

SIXTY-ONE AND 25/100 DOLLARS

DEPARTMENT OF STATE
ANNUAL REPORTS FILING
P.O. BOX 1500
TALLAHASSEE, FL 32308-1500

020824004

POSTED 03/06/02

Check # 12245 For \$61.25 Posted 03/06/02

Check # 12245 For \$61.25 Posted 03/06/02

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACTS 10/1/01
FBI 81 88