

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90387 022 ****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**

00053929



DO NOT WRITE IN THIS SPACE

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

**% 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

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

**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SLAVIN, BONITA H	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COHEN, JACK	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, JIM	
STREET ADDRESS	900 BAY DRIVE #LA04	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RESNICK, DR A	
STREET ADDRESS	900 BAY DRIVE #1017	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	AROCHA, ROLAND	
STREET ADDRESS	900 BAY DRIVE, #527	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, PAUL	
STREET ADDRESS	400 BAY DRIVE #PH05	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul D. Steinberg	
STREET ADDRESS	900 Bay Dr.	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome Brandt	
STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Greco	
STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Rey	
STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Hoover	
STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matilde Quintana	
STREET ADDRESS	900 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	

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 Christopher Greco 4/30/01 (305) 866-1644

CR2E037 (10/00)