

2001 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

DOCUMENT # **244304**

1. Entity Name

COLISEUM LANES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 30 PM 3:46

Principal Place of Business

Mailing Address

5700 COLLINS AVENUE
MIAMI BEACH, FL 33140

5700 COLLINS AVENUE
MIAMI BEACH, FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0948187

Applied For

Not Applicable

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

BRESLOW, MAX S
9655 S. DIXIE HIGHWAY
3RD FLOOR
MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

~~100004425471-1~~

~~-06/18/01-01128-033~~

City

*****61.25 FL *****61.25

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VINEBERG, HAROLD
STREET ADDRESS 5700 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH, FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME PEAL, STANLEY
STREET ADDRESS 5404 N. BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BRESLOW, MAX S
STREET ADDRESS 9655 S. DIXIE HIGHWAY, 3RD FL
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME JOSEPHINE VINEBERG
STREET ADDRESS 5700 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)