

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90369 040 ***150.00

DOCUMENT # 244304

1. Entity Name

COLISEUM LANES INC



Principal Place of Business

**5700 COLLINS AVE
MIAMI BEACH FL 33140**

Mailing Address

**5700 COLLINS AVE
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

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0948187

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

**VINEBERG, JOSEPHINE
5700 COLLINS AVE
11-L
MIAMI BCH FL 33140**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Delete
NAME VD
STREET ADDRESS PEAL, STANLEY
CITY-ST-ZIP 5240 NORTH BAY RD.
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS VINEBERG, JOSEPHINE
CITY-ST-ZIP 5700 COLLINS AVE
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS PEAL, BARRY
CITY-ST-ZIP 10204 HELENA TERR
SPOTSYLVANIA VA

TITLE ☐ Change ☒ Addition
NAME VSD
STREET ADDRESS PEAL, BARRY
CITY-ST-ZIP 10204 HELENA TERR
SPOTSYLVANIA, VA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Josephine Vineberg Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06
Date

Daytime Phone #