

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90356 044 ***150.00

DOCUMENT # 372105

1. Entity Name
THE ADMIRALTY APARTMENTS, INC.

Principal Place of Business
10150-10160 COLLINS AVE
BAL HARBOUR FLA 33154
US

Mailing Address
10150-10160 COLLINS AVE
BAL HARBOUR FLA 33154
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-0803914**

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

GREEN & KANE
317 71ST STREET
MIAMI BEACH FL 33141

Name

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

City

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 _____

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 **VP** ☐ Delete
 NAME **WILKINSON, LARRY**
 STREET ADDRESS **10160 COLLINS AVENUE, SUITE #104**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE **TREAS.** ☐ Change ☒ Addition
 NAME **Robert Cobb**
 STREET ADDRESS **10150 Collins Ave. Apt. 105**
 CITY-ST-ZIP **Bal Harbour Fla. 33154**

TITLE **ST** ☐ Delete
 NAME **CASSIS, DANIEL DR.**
 STREET ADDRESS **10160 COLLINS AVENUE, #105**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Reth Berkowitz**
 STREET ADDRESS **10160 Collins Ave. Apt. 103**
 CITY-ST-ZIP **Bal Harbour FL. 33154**

TITLE **DIRECTOR** ☐ Delete
 NAME **FRAZIER, SANDRA DR.**
 STREET ADDRESS **10150 COLLINS AVENUE, SUITE #105**
 CITY-ST-ZIP **BAL HARBOR FL 33154**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **KEELAN, EDWARD**
 STREET ADDRESS **10150 COLLINS AVENUE, SUITE #304**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

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

TITLE **P** ☐ Delete
 NAME **GENTILE, ROBERT**
 STREET ADDRESS **10150 COLLINS AVENUE, SUITE #304**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

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

TITLE **D** ☐ Delete
 NAME **COLAINNI, V**
 STREET ADDRESS **10150 COLLINS AVENUE, SUITE #102**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE ☐ Change ☐ Addition
 NAME
 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

4/23/01

Date

305-261-5454

Daytime Phone #

CR2E034 (10/00)