

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90245 044 ***150.00

DOCUMENT # 372105

1. Entity Name
THE ADMIRALTY APARTMENTS, INC.



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

Mailing Address
**10150-10160 COLLINS AVE
BAL HARBOUR FL 33154
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0803914**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
Marc Hauser, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse #616

City **Bay Harbor Island** **FL** Zip Code **33154**

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 **4/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 **VP** ☐ Delete
NAME **WILKINSON, LARRY**
STREET ADDRESS **10160 COLLINS AVENUE, SUITE #104**
CITY-ST-ZIP **BAL HARBOUR FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Berkowitz, Beth**
STREET ADDRESS **10160 Collins Avenue #103**
CITY-ST-ZIP **Bal Harbour, FL 33154**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Cortez, Frank**
STREET ADDRESS **10150 Collins Avenue #205**
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE **T** ☐ Delete
NAME **COBB, ROBERT**
STREET ADDRESS **10150 COLLINS AVENUE, SUITE #105**
CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE **D** ☐ Change ☒ Addition
NAME **Teramana, Dominic**
STREET ADDRESS **10160 Collins Avenue #203**
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE ~~D~~ ☒ 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 **COLAIANNE, V.**
STREET ADDRESS **10150 COLLINS AVENUE, SUITE #102**
CITY-ST-ZIP **BAL HARBOUR FL**

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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

Daytime Phone #

CR2E034 (10/02)