

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703796

1. Entity Name

CORONET TERRACE APARTMENTS INC

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90068 018 ****61.25

Principal Place of Business

2245 PIERCE STREET
HOLLYWOOD FL 33020

Mailing Address

2243 PIERCE ST #9
HOLLYWOOD FL 33020-4435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2070938

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

HAMBLIN
HAMBLIN, DAVID H
2243 PIERCE ST
APT 9
HOLLYWOOD FL 33020

Name **DAVID H. HAMBLIN**
Street Address (P.O. Box Number is Not Acceptable)
2243 PIERCE ST #9
Hollywood FL 33020
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST TREASURER	<input type="checkbox"/> Delete
NAME	HAMBLIN, DAVID H	
STREET ADDRESS	2243 PIERCE ST #9	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADAMSON, JEROME	
STREET ADDRESS	2254 PIERCE ST #5	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAGO, SALVATORE	
STREET ADDRESS	2243 PIERCE ST #10	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRON, ROGER	
STREET ADDRESS	2243 PIERCE ST SUITE 12	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOGIOS, ANDREW	
STREET ADDRESS	2245 PIERCE ST #4	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMSON, BARBARA	
STREET ADDRESS	2245 PIERCE ST #5	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH J. HAMBLIN	
STREET ADDRESS	2243 PIERCE ST #9	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINOVANNINA MARCANTONINI	
STREET ADDRESS	2245 PIERCE ST #2	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LOGIOS	
STREET ADDRESS	2245 PIERCE ST #4	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. HAMBLIN, TREASURER

CR2E037 (9/99)