

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712592

1. Entity Name

CORONET TOWERS CONDOMINIUM, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90027 019 \*\*\*\*61.25

Principal Place of Business

2444 POLK ST  
APT 108  
HOLLYWOOD FL 33020

Mailing Address

2444 POLK ST  
APT 101  
HOLLYWOOD FL 33020-4337

2. Principal Place of Business

Suite, Apt. #, etc.

101

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PINDER, JAMES  
2444 POLK ST  
APT 101  
HOLLYWOOD FL 33020

4. FEI Number

59-2358686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	OSZKOWSKI, EDW	
STREET ADDRESS	2444 POLK ST 106	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIRALDA, ALICE	
STREET ADDRESS	2444 POLK ST, APT 201	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINDER, JAMES	
STREET ADDRESS	2444 POLK ST. 101	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, SHIRLEY	
STREET ADDRESS	2444 POLK ST. 105	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARINUZZO, LUCIO	
STREET ADDRESS	2444 POLK ST. #104	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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: JAMES PINDER JAMES PINDER Sec'y.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 19, 2000 954-921-9609

CF2E037 (9/99)