

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90031 018 ****61.25

DOCUMENT # 732701

1. Entity Name

CORONET HILLS CONDOMINIUM, INC.

Principal Place of Business

**2303 POLK STREET
HOLLYWOOD FL 33020**

Mailing Address

**2303 POLK STREET
#12
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1711127

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

**CAMARRA, DOLORES
2303 POLK ST.
APT 111
HOLLYWOOD FL 33020**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CAMARRA, DOLORES**
CITY-ST-ZIP **2303 POLK STREET APT 111
HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CAMARRA, BIAGIO**
CITY-ST-ZIP **2303 POLK ST #106
HOLLYWOOD FL**

TITLE ☒ Change ☐ Addition
NAME **V.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CAMARRA, DOLORES**
CITY-ST-ZIP **2303 POLK ST APT 111
HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MACHWITZ, ANNA**
CITY-ST-ZIP **2302 POLK ST #206
HOLLYWOOD FL**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PISANI, ARTHUR**
CITY-ST-ZIP **2304 TAYLOR ST # 4
HOLLYWOOD FL 33020**

TITLE ☒ Change ☐ Addition
NAME **P.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TANISCIA, TERRY**
CITY-ST-ZIP **2304 TAYLOR ST, #2
HOLLYWOOD FL 33020**

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 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: **DOLORES CAMARRA** 4-12-01 954 923 1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)