

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/9/

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90002 012 \*\*\*\*88.75  
 05-09-2000 90129 023 \*\*\*\*61.25

**DOCUMENT # 811603**

i. Entity Name

**CORAL SEA TOWERS INC**

Principal Place of Business

Mailing Address

W BAY HARBOR DR  
 HARBOR ISLAND  
 BEACH FL 33154

10300 W BAY HARBOR DR  
 BAY HARBOR ISLAND  
 MIAMI BEACH FL 33154-1294

00068389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0824348**

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

GOLDBERG, MAX M  
 10300 W BAY HARBOR DR  
 MIAMI BEACH FL 33154

Name  
**ROBERTS MANAGEMENT'S PARTY CO., INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1640 NE 153 STREET**  
 City **NORTH MIAMI BEACH FL** Zip Code **33162**

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.

4/26/00

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**WILLIAM H. COLE, JR., VICE PRESIDENT, ROBERTS MANAGEMENT**

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, 2000 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 | NAME              | STREET ADDRESS             | CITY-ST-ZIP          | Delete                              |
|-------|-------------------|----------------------------|----------------------|-------------------------------------|
| P     | SHNEIDER, PHILIP  | 10300 W BAY HARBOR DR. #6A | MIAMI BEACH FL 33154 | <input checked="" type="checkbox"/> |
| VP    | EICHENHON, EDITH  | 10300 W BAY HARBOR DR      | MIAMI BEACH FL 33154 | <input checked="" type="checkbox"/> |
| T     | JORDAN, GLADYS    | 10300 W BAY HARBOR DR      | MIAMI BEACH FL 33154 | <input type="checkbox"/>            |
| S     | GOLDBERG, MAX     | 10300 W BAY HARBOR DR      | MIAMI BEACH FL 33154 | <input checked="" type="checkbox"/> |
| D     | LAVINE, ALBERT    | 10300 W BAY HARBOR DR      | MIAMI BEACH FL 33154 | <input checked="" type="checkbox"/> |
| D     | FISHMAN, WINIFRED | 10300 W BAY HARBOR DR      | MIAMI BEACH FL 33154 | <input type="checkbox"/>            |

| TITLE | NAME                          | STREET ADDRESS             | CITY-ST-ZIP             | Change                              | Addition                            |
|-------|-------------------------------|----------------------------|-------------------------|-------------------------------------|-------------------------------------|
| D, P  | Paul T. Cronin                | 10300 W Bay Harbor Dr #9C  | Bay Harbor IS FL 33154  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D, T  | Manny Mandel                  | 10300 W. Bay Harbor Dr #5B | Bay Harbor IS, FL 33154 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D, VP |                               |                            |                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D     | Luigi Crastone                |                            |                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D     | Hortense Weiner               |                            |                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D     | Raphael Fleming               |                            |                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D     | Paul: 10300 W. Bay Harbor Dr. |                            |                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D, S  |                               |                            |                         | <input type="checkbox"/>            | <input type="checkbox"/>            |

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

Date

Daytime Phone #

**Paul T. Cronin, President** (305) 865-8218  
 4/27/00

CR2E034 (9/99)