

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90083 030 \*\*\*150.00

**DOCUMENT # L01014**

1. Entity Name  
**CARON CHERRY OF BAL HARBOUR, INC.**

Principal Place of Business

**9700 COLLINS AVENUE  
 MIAMI BEACH FL 33154**

Mailing Address

**9700 COLLINS AVENUE  
 MIAMI BEACH FL 33154**

2. Principal Place of Business

3. Mailing Address

**2535 LAKE Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2535 LAKE Ave.**

City & State

City & State

**MIAMI Beach FLA.**

Zip

Country

Zip

Country

**33140**

**USA**

4. FEI Number

**65-0133560**

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

**RESSLER, BARRY  
 950 SOUTH MIAMI AVE  
 MIAMI FL 33130**

Name

**Barry Ressler / Lionel Barnett**

Street Address (P.O. Box Number is Not Acceptable)

**1 Dayton Center**

**9100 S. Dadeland Blvd. suite 404**

City

**Miami**

**FL**

Zip Code

**33156**

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

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, 2001 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	<b>PST CHERRY, CARON 9700 COLLINS AVENUE MIAMI BCH. FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHERRY, CARON 9700 COLLINS AVENUE MIAMI BCH. FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**1/12/01 (305) 531-6412**

CR2E034 (10/00)