

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000086885**

1. Entity Name

HIALEAH PROMENADE G.P., INC.

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90342 021 ***158.75

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

2. Principal Place of Business

3. Mailing Address

One North Clematis St.

One N. Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Zip

33401

Country

Country

USA

33401

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSOY, BRIAN D

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

Name

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

One North Clematis St.

Suite 305

City

West Palm Beach

FL

Zip Code

33401

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 renewing)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	KOSOY, BRIAN D	
STREET ADDRESS	200 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33400	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSOY, A. DAVID	
STREET ADDRESS	200 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33400	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHEEVE, DAVID	
STREET ADDRESS	200 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33400	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MOROSS, GREGORY S	
STREET ADDRESS	200 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33400	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One N. Clematis St. - Ste. 305	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One N. Clematis St. - Ste. 305	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One North Clematis St. - Ste. 305	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One North Clematis St. - Ste. 305	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-12-02 561-835-1810

Date

Daytime Phone #

CR2E034 (9/01)