

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90058 016 \*\*\*150.00

0594235 AT

**DOCUMENT # P93000058926**

1. Entity Name

**CABANA CLUB APARTMENTS, INC.**

Principal Place of Business

% ALBERT H. SAKOLSKY  
 550 BILTMORE WAY, SUITE 720  
 CORAL GABLES FL 33134

Mailing Address

5233 FISHER ISLAND DR  
 FISHER ISLAND FL 33109

2. Principal Place of Business

5233 Fisher Island Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fisher Island FL  
 Zip 33109 Country USA

City & State

Zip Country

4. FEI Number

65-0441820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, CAROLYN A. ES  
 550 BILTMORE WAY  
 STE 1210  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
 CAROLYN A SMITH SAKOLSKY ESQ  
 Street Address (P.O. Box Number is Not Acceptable)  
 5233 Fisher Island Dr  
 City Fisher Island FL Zip Code 33109

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SAKOLSKY, ALBERT H  
 550 BILTMORE WAY STE 1210  
 CORAL GABLES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SAKOLSKY, CAROLYN A  
 5233 FISH ISLAND DR  
 FISH ISLAND FL 33109 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 5233 FISHER ISLAND DRIVE  
 FISHER ISLAND, FL 33109 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 5233 FISHER ISLAND DR  
 FISHER ISLAND, FL 33109 ☒ Change ☐ Addition

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

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

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

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

*Albert H. Sakolsky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

305-531-1164

Daytime Phone #

CR2E034 (9/01)