

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071588

1. Entity Name

CONCOURSE PLAZA I, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90006 018 ***150.00

Principal Place of Business

Mailing Address

1111 KANE CONCOURSE
SUITE 610
BAY HARBOR FL 33154
US

P O BOX 402188
SUITE 610
MIAMI BEACH FL 33140-0188
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 607

Suite, Apt. #, etc.

SUITE # 607

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASERSTEIN, RICHARD
913 NORMANDY DR
MIAMI BEACH FL 33141

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

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	DPT	<input type="checkbox"/> Delete
NAME	RAJMAN, MILTON L	
STREET ADDRESS	1111 KANE CONCOURSE SUITE 610	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	RAJMAN, ISAAC	
STREET ADDRESS	1111 KANE CONCOURSE SUITE 610	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS	1111 KANE CONCOURSE SUITE 607	
CITY-ST-ZIP	BAY HARBOR FL. 33154	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1111 KANE CONCOURSE SUITE 607	
CITY-ST-ZIP	BAY HARBOR FL. 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

MILTON RAJMAN

4-6-00

Date

305-828-2274

Daytime Phone #

CR2E034 (9/99)