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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000020035 (8)**

1. Corporation Name

**CAMBRIDGE PARTNERS DEVELOPMENT CORP.**

Principal Place of Business

**290 NW 165TH STREET  
PENTHOUSE 4 CITICENTRE  
MIAMI FL 33169**

Mailing Address

**290 NW 165TH STREET  
PENTHOUSE 4 CITICENTRE  
MIAMI FL 33169-6457**



3. Date Incorporated or Qualified

**03/10/1995**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**APPLIED FOR 59-3303007**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**SOROTA, ALAN M  
FEINSTEIN & SOROTA, P.A.  
290 N.W. 165TH ST. - PENTHOUSE 4  
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type: 1 is printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☐ DELETE

NAME

**MOORE, DONALD L JR**

STREET ADDRESS

**465 PINEY CROFT LN**

CITY- ST- ZIP

**MAITLAND FL 32751**

TITLE

**ST**

☐ DELETE

NAME

**SOROTA, JOSEPH**

STREET ADDRESS

**3000 N OCEAN DRIVE APT 8C**

CITY- ST- ZIP

**SINGER ISLAND FL 33404**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Joseph Sorota**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**

DATE

**Sec.**

DAYTIME PHONE

0230312

CR2E034 (9/96)