

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030846

1. Entity Name

FROM CONEY ISLAND, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90097 022 ***150.00

Principal Place of Business

10072 NW 53RD STREET
SUNRISE FL 33351

Mailing Address

10072 NW 53RD STREET
SUNRISE FL 33351-9068

2. Principal Place of Business

PO Box 820483
Suite, Apt. #, etc.

3. Mailing Address

PO Box 820483
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SOUTH FLORIDA, FL

Zip
33082

Country
USA

City & State
SOUTH FLORIDA, FL

Zip
33082

Country
USA

4. FEI Number

65-094697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADDLESTONE, GAIL
10072 NW 53RD STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

15723 NW 10 STREET

City

PEMBROKE PINES

FL

Zip Code

33028

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
JACOBS, ADAM T
1125 SATIN LEAF STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FAILLA, DAVID A
1055 SW 11TH STREET
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Signature and typed name of signing officer or director

ADAM JACOBS

4/24/00

954-749-0888

Date

Daytime Phone #

CF2E034 (9/99)