

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60548

1. Entity Name

1228 COLLINS AVENUE PROPERTY INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90062 011 ***150.00

Principal Place of Business

Mailing Address

3484 CHASE AVE.
MIAMI BEACH FL 33140

3484 CHASE AVE.
MIAMI BEACH FL 33140-3417

2. Principal Place of Business

3. Mailing Address

P.O. Box 403487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL

4. FEI Number

65-0284757

Applied For

Not Applicable

Zip

Country

Zip

Country

33140-1487

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK, MARTY, ESQ.
% MARTIN H. PATRICK, P.A.
1141 KANT CONCOURSE
BAY HARBOR ISLAND FL 33154

Name

Emile DEKEL

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

4440 Prairie Ave

City

MIAMI BEACH

FL

Zip Code

33140

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

Emile DEKEL Secretary

MARCH 27, 2000

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 ☐ Delete
NAME D
STREET ADDRESS SHERMAN, MARTY
CITY-ST-ZIP 3484 CHASE AVE
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS DEKEL, EMILE
CITY-ST-ZIP 4440 PRAIRIE AVE.
MIAMI BCH. FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Emile DEKEL

03/27/2000

(305)

538 6507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)