

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90175 005 ***150.00

DOCUMENT # S60548

1. Entity Name
1228 COLLINS AVENUE PROPERTY INC.



Principal Place of Business

4440 PRAIRE AVE
MIAMI BEACH FL 33140

Mailing Address

PO BOX 403487
MIAMI BEACH FL 33140-1487

2. Principal Place of Business

763 ARTHUR GODFREY RD
Suite, Apt. #, etc.
SUITE G

3. Mailing Address

3484 CHASE AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-0284757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEKEL, EMILE
4440 PRAIRIE AVE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name **MARTY SHERMAN**
Street Address (P.O. Box Number is Not Acceptable)
3484 CHASE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Marty Sherman **MARTY SHERMAN PRESIDENT** **FEB 1 2003**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marty Sherman **MARTY SHERMAN**

FEB 1 2003

305.531.1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)