

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90117 037 ****61.25

DOCUMENT # 707943

1. Entity Name

1231 PENN, INC. A CONDOMINIUM.

Principal Place of Business

Mailing Address

**1231 PENNSYLVANIA AVE.
 MIAMI BEACH FL 33139
 US**

**C/O CAM MANAGEMENT SERV.
 P.O. BOX 5103
 HIALEAH FL 33014-1103**

630014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1710753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GONZALEZ, ANITA J
 CAM MANAGEMENT SERVICES, CORP.
 6175 N.W. 167TH ST., SUITE G-120
 MIAMI LAKES FL 33015**

Name
Rebecca Rovirosa

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

4020 S.W. 13th Terr.

City
Coral Gables

FL

Zip Code
33134

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

Rebecca Rovirosa

Rebecca Rovirosa

3/23/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SOKOL, ANTHONY	
STREET ADDRESS	1231 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROVISOSA, REBECCA	
STREET ADDRESS	4020 S.W. 13TH TERRACE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRADO, JESUS	
STREET ADDRESS	520 EUCLID AVE., #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesus Prado	
STREET ADDRESS	520 Euclid Ave. #1	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa M. Martinez	
STREET ADDRESS	11945 S.W. 135th Ave.	
CITY-ST-ZIP	Miami, Fl. 33186	
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		

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 617, 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:

Jesus Prado

3/23/00

(305) 826-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)