

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90042 050 ****61.25

DOCUMENT # 708885

1. Entity Name

PINETREE MANOR CONDOMINIUM , INC.

Principal Place of Business

2858 PINETREE DR
 MIAMI BEACH 33140
 US

Mailing Address

P.O. BOX 403503
 MIAMI BEACH FL 33140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, XIMENA
2858 PINETREE DRIVE
#3
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name **MEIR PANN**

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

9455 BAY HARBOR TER.

APT # 8-S

City **BAY HARBOR ISLANDS FL**

Zip Code **33154**

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.

MEIR PANN, PRESIDENT

DATE

1/15/02

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, HERMINIA 2858 PINETREE DR. 4 MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERNANDEZ, XIMENA 2858 PINETREE DR #3 MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANN, MEIR 9455 BAY HARBOR TERRACE #8-S BAY HARBOR ISLANDS FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

1/15/02

305 861 8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)