

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90093 018 \*\*\*\*61.25

**DOCUMENT # 716287**

1. Entity Name

**PENN TOWERS CONDOMINIUM, INC.**

Principal Place of Business

1235 PENNSYLVANIA AVENUE  
 MIAMI BEACH FL 33139

Mailing Address

1235 PENNSYLVANIA AVENUE  
 MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FLORIDA**

City & State

**MIAMI BEACH FLORIDA**

4. FEI Number

**65-0295357**

Applied For

Not Applicable

Zip  
**33139**

Country  
**U.S.A.**

Zip  
**33139**

Country  
**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REDA, CHRISTOPHER**  
**1235 PENNSYLVANIA AVE, #5-B**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **SAME**

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

City

**FL**

Zip Code

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

**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 **PD**  Delete  
 NAME **CAPOTE, MARCELINO**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #2-B**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SD**  Delete  
 NAME **FERNANDEZ, ILEANA A.** **D**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #2-E**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPT**  Delete  
 NAME **REDA, CHRISTOPHER** **D**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #58-B**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **O**  Delete  
 NAME **GLASSER, JOHNATHAN** **D**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #2-A**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **O**  Delete  
 NAME **CLARO, MARIA**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #4-C**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT**  Change  Addition  
 NAME **JOHNATHAN GLASSER** **D**  
 STREET ADDRESS **1235 PENNSYLVANIA AVE #2-A**  
 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **Signature Required** **CHRISTOPHER REDA 4-9-01 (305) 531-6625**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)