

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

04-30-2002 90216 033 ****61.25

DOCUMENT # 716287

1. Entity Name

PENN TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**1235 PENNSYLVANIA AVENUE
MIAMI BEACH FL 33139**

**1235 PENNSYLVANIA AVENUE
MIAMI BEACH FL 33139**

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

65-0295357

Applied For

Not Applicable

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

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

Name

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

Christopher Reda @ **CHRISTOPHER REDA VICE PRESIDENT/TREASURER 4-16-02**

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	PD "D"	<input type="checkbox"/> Delete
NAME	GLASSER, JOHNATHAN	
STREET ADDRESS	1235 PENNSYLVANIA AVENUE #2-A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ILEANA A.	
STREET ADDRESS	1235 PENNSYLVANIA AVE #2-E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPTD "D"	<input type="checkbox"/> Delete
NAME	REDA, CHRISTOPHER	
STREET ADDRESS	1235 PENNSYLVANIA AVE #5B-B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	GLASSER, JOHNATHAN	
STREET ADDRESS	1235 PENNSYLVANIA AVE #2-A	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SECRETARY "D"	<input type="checkbox"/> Delete
NAME	CHRISTINA HIRSCHHORN	
STREET ADDRESS	1235 PENNSYLVANIA AVE. # 2-D	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

Christopher Reda @ **CHRISTOPHER REDA VICE PRESIDENT (305) 531-6625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)