

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734181

1. Entity Name

PENN PLAZA ASSOCIATION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90101 041 ****61.25

Principal Place of Business

1530 PENNSYLVANIA AVE
APT. #202
MIAMI BEACH FL 33139

Mailing Address

1530 PENNSYLVANIA AVE
APT. #202
MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0044784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHOPRIC, GEORGE A JR. MD.
1530 PENNSYLVANIA AVE 202
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

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 BISHOPRIC, GEORGE JR. MD.
STREET ADDRESS 1530 PENNSYLVANIA AVE #202
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VPD ☐ Delete
NAME DALY, CJ
STREET ADDRESS 1530 PENNSYLVANIA AVE # 305
CITY-ST-ZIP MIAMI FL 33139

TITLE TD ☐ Delete
NAME ZAMBRAND, JULIO
STREET ADDRESS 1736 SW 19TH ST. #404
CITY-ST-ZIP MIAMI FL 33145

TITLE SD ☐ Delete
NAME RODRIGUEZ, VICTORIA
STREET ADDRESS 1530 PENNSYLVANIA #303
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 OF REGISTERED AGENT: GEORGE A BISHOPRIC, JR. MD

Date

Daytime Phone #

954-761-1438

1/19/01

CR2E037 (10/00)