

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745207

1. Entity Name

PARKER TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

Mailing Address

3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009-7245

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

59-1920067

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

FEIN, STEVEN  
4700-B SHERIDAN ST.  
HOLLYWOOD FL 33021

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALMER, CURT 3140 S OCEAN DR., #2211 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITNER, MURRAY 3140 S OCEAN DR., #1204 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKIN, AL 3140 S OCEAN DR., #2206 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARON, SELMA 3140 S OCEAN DRIVE, #404 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVIS, MORRIS 3140 S OCEAN DRIVE, #312 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE, SIERRA 3140 S. OCEAN DRIVE, #909 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. CABALLERO, JOHN 3140 S Ocean Dr #205 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AL MALKIN 3140 S Ocean Dr #2412 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ELAINE KIVOWITZ 3140 S Ocean Dr #1601 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ALFRADO RODRIQUEZ 3140 S Ocean Dr #911 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARA KAPLAN 3140 S Ocean Sr #1812 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENEE SWARTZ 3140 S Ocean Dr #312 Hallandale Fl 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Caballero

Date

Daytime Phone #

1/18/00 854 4366

CR2E037 (9/99)

FILED  
Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90088 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE