

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729540

1. Entity Name

KING'S POINT IMPERIAL CONDOMINIUM, INC.

Principal Place of Business

NO. 110 OFFICE  
220 KINGS POINT DRIVE  
NORTH MIAMI BEACH FL 33160

Mailing Address

NO. 110 OFFICE  
220 KINGS POINT DRIVE  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1672110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER, ELLIOTT  
220 KINGS POINT DRIVE  
SUITE 103  
N MIAMI BEACH FL 33160

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  
~~DT PENEIRO, ENRIQUE~~ ☐ Delete  
~~BLOVIN, CELINE~~  
220 KINGS POINT DR. #11 207  
NORTH MIAMI BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~VP KREIDER, TERENCE~~ ☐ Delete  
~~BOUCHER, ROBERT~~  
220 KINGS POINT DR. #305 307  
NORTH MIAMI BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SD HANNAUGH, ARNOLD~~ ☐ Delete  
~~MACKAY, GISELE~~  
220 KINGS POINT DRIVE #510 2/2  
NORTH MIAMI BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~P/T YES MAGER~~ ☐ Delete  
~~BOUCHER, NORMAND~~  
220 KINGS POINT DR., #315 306  
N MIAMI BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~DT~~ ☐ Delete  
~~SCHADT, RUTH~~  
220 KINGS POINT DRIVE, #300  
N MIAMI BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* YES MAGER 3/8/01 (305) 944-9481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Mar 12, 2001 8:00 am  
Secretary of State  
03-12-2001 90019 008 \*\*\*\*61.25

728643



DO NOT WRITE IN THIS SPACE