

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90006 024 \*\*\*\*61.25

**DOCUMENT # 739249**

1. Entity Name

**MONACO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address

6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

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

59-1756697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHN, BEA  
123 MONACO-C  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name  
Morris Gimpelson

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

Brittany A4

Kings Point

City  
Delray Beach

FL

Zip Code  
33446

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

*Morris Gimpelson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/01

**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	SD	<input type="checkbox"/> Delete
NAME	IRVING, KAY	
STREET ADDRESS	516 NOVACO K	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAPLAN, BERNARD	
STREET ADDRESS	MONACO K 520	
CITY-ST-ZIP	DELRAY BCH, FL 00000 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHN, BEA	
STREET ADDRESS	123 MONACO-C	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SACHS, BARNEY	
STREET ADDRESS	MONACO M577, KINGS POINT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	MONACO H 350	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

*Morris Gimpelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/01 561/499-9487

CR2E037 (1/00)