

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 23, 2001 8:00 am
Secretary of State

03-23-2001 90034 050 ****61.25

DOCUMENT # N94000003638

1. Entity Name

1211 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1211 PENNSYLVANIA AVE.
 MIAMI BEACH FL 33139**

Mailing Address

**223 W JACKSON
 C/O IRA EPSTEIN & CO.
 CHICAGO IL 60606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

223 W JACKSON

Suite, Apt. #, etc.

700

City & State

Chicago IL

Zip

60606

Country

USA

4. FEI Number

65-0530049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
 1201 HAYES STREET
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BEAM, STEVE	
STREET ADDRESS	1211 PENNSYLVANIA #C1	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, WILLIAM	
STREET ADDRESS	1211 PENNSYLVANIA AVE #D2	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EPSTEIN, IRA	
STREET ADDRESS	223 W JACKSON 7TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Lotrate	
STREET ADDRESS	1211 Pennsylvania # E2	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Rodgers	
STREET ADDRESS	1211 Pennsylvania	
CITY-ST-ZIP	Miami Beach, FL 33139	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)