

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745207

1. Entity Name

PARKER TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

3140 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

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

DREYFUSS, KEN  
201 ALHAMBRA CIR, SUITE #601  
CORAL GABLES FL 33134

Name

STEVEN A. FEIN, P.A.

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

900 SOUTH STATE ROAD 7

City

PLANTATION

FL

Zip Code

33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25

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	T CABALLERO, JOHN 3140 S OCEAN DR #205 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DE LA CUESTA, KATHY 3140 S. OCEAN DR, #805 HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALKIN, AL 3140 S OCEAN DR, #2412 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WOLPOWITZ, LILLY 3140 S. OCEAN DR, #706 HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIVOWITZ, ELAINE 3140 S OCEAN DR #1601 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDMAN, MYER 3140 S OCEAN DR, #804 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, ESTELLE 3140 S OCEAN DR, #1605 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWARTZ, RENEE 3140 S OCEAN DR, #312 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE:

ELAINE KIVOWITZ

8/13/02 (954) 461-8118

FILED

02 OCT 29 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (4/02)

PARKER TOWER CONDOMINIUM ASSOCIATION, INC.  
3140 SOUTH OCEAN DRIVE, HALLANDALE BEACH, FL 33009  
(954) 454-4366 FAX: (954) 457-4907  
(954) 458-3596

October 28, 2002

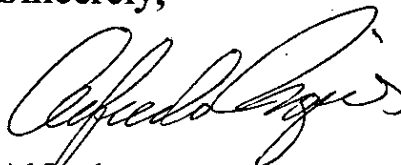
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 33231-6327

Dear Sirs:

Please find attached revised UBR form (Document #745207) for our Corporation. The original had been submitted 8/13/02 along with a \$70.00 check, but apparently was not completed. A request from your office to complete the form was submitted to us on 9/11/02 but was apparently misplaced or lost. We have made the additions as requested for the new board members.

Sorry for the inconvenience, and thanks for your patience and cooperation on this subject.

Sincerely,



Alfredo Rodriguez  
Bookkeeper.