

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 705010**

1. Entity Name

PENTLAND HALL OF DADE COUNTY, INC.

Principal Place of Business

**2075 IXORA RD.
NORTH MIAMI FL 33181**

Mailing Address

**2075 IXORA RD.
NORTH MIAMI FL 33181**

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

59-0991547

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KING, KAY
2075 IXORA RD.
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, KAY	
STREET ADDRESS	2075 IXORA RD.	
CITY-ST-ZIP	NORTH MIAMI FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOTILARE, MARY	
STREET ADDRESS	736 GAYFEATHER LANE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOTILARE, SANDY	
STREET ADDRESS	736 GAYFEATHER LANE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SANO, BARRIE	
STREET ADDRESS	1351 NE 24 CT.	
CITY-ST-ZIP	N. MIAMI FL	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A91 PRITZERT	
STREET ADDRESS	13155 IXORA COURT PH 1105	
CITY-ST-ZIP	NO MIAMI FL 33181	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY BROWN	
STREET ADDRESS	1560 NE 105 ST.	
CITY-ST-ZIP	MIAMI SHORES FLA 33138	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90010 032 *****70.00



DO NOT WRITE IN THIS SPACE

965621

CR2E037 (10/00)