

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

725763

Imperial House Condominium Association, Inc.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90095 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5255 Collins Ave  
Miami Beach, FL 33140

5255 Collins Ave  
Miami Beach, FL 33140

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

59-1552004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Myles Cypen  
Cypen & Cypen  
825 Arthur Godfrey Rd.  
Miami Beach, FL 33140

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

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	President	<input type="checkbox"/> Delete
NAME	Dr. Leonard Haber	
STREET ADDRESS	5255 Collins Ave 10J	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Aaron Goldman	
STREET ADDRESS	5255 Collins Ave 6A	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Mrs. Ann Monat	
STREET ADDRESS	5255 Collins Ave 11D	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Marc Firestone	<input type="checkbox"/> Delete
NAME	Treasurer	
STREET ADDRESS	5255 Collins Ave. 3B	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Michale Pellerin	
STREET ADDRESS	5255 Collins Ave L1	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	Mr. Isidore Blitstein	<input type="checkbox"/> Delete
NAME	Director	
STREET ADDRESS	5255 Collins Ave 4B	
CITY-ST-ZIP	Miami Beach, FL 33140	

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		
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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:

*Ann Monat*

Ann Monat

April 18, 2000

305-866-7601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)