

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90156 013 ****61.25

DOCUMENT # 745207

1. Entity Name

PARKER TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3140 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

Mailing Address

**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

4. FEI Number

59-1920067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FEIN, STEVEN
4700-B SHERIDAN ST.
HOLLYWOOD FL 33021**

Name

**MR. KEN DREYFUSS - FIELDSTONE LESTER
FHEAR + DENBERG**

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

201 ALHAMBRA CIRCLE

SUITE 601

City

CORAL GABLES

FL

Zip Code
33134

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

KENNETH DREYFUSS, ATTORNEY

1/19/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABALLERO, JOHN 3140 S OCEAN DR #205 HALLANDALE FL 33009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALKIN, AL 3140 S OCEAN DR #2412 HALLANDALE FL 33009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIVOWITZ, ELAINE 3140 S OCEAN DR #1601 HALLANDALE FL 33009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ALFRADO 3140 S OCEAN DR #911 HALLANDALE FL 33009 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, SARA 3140 S OCEAN SR #1812 HALLANDALE FL 33009 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, RENEE 3140 S OCEAN DR #312 HALLANDALE FL 33009 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENEE SWARTZ 3140 S. OCEAN DR #312 HALLANDALE, FL 33009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AL MALKIN 3140 S. OCEAN DR #2412 HALLANDALE, FLA 33009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABALLERO, JOHN 3140 S. OCEAN DR. #205 HALLANDALE, FL 33009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDMAN, MYER 3140 S. OCEAN DR. #804 HALLANDALE, FL 33009 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, CATELLE 3140 S. OCEAN DR. #1605 HALLANDALE, FL 33009 ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 954-454-4366
Date Daytime Phone #

CR2E037 (10/00)