

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02431

1. Entity Name

LARKIN PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO

FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90117 026 \*\*\*\*61.25

Principal Place of Business  
6140 S.W. 70TH STREET  
SOUTH MIAMI FL 33143

Mailing Address  
6140 S.W. 70TH STREET  
SOUTH MIAMI FL 33143-3419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

GELBER & COMPANY  
285 N.W. 199th STREET, #204  
MIAMI, FL 33169



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2703014

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

Name

BRAND, BARRY E.

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

6140 SW 70 STREET

City S. MIAMI

FL

Zip Code 33143

SOMMER, DAVID A.  
6140 SW 70 ST.  
2ND FLOOR  
S MIAMI FL 33143

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOMMER, DAVID A	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	S. MIAMI, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRAND, BARRY E.	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	SO. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGER, BERT	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	SO. MIAMI FL	
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		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANOFF, ROBERT C.	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SETH, ROSEN	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENKRANTZ, NEIL	
STREET ADDRESS	6140 SW 70 ST	
CITY-ST-ZIP	S MIAMI FL	
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 #

1/24/00 305 665-7700

CR2E037 (9/99)