

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90079 013 \*\*\*\*61.25

**DOCUMENT # N02431**

1. Entity Name  
**LARKIN PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO**

Principal Place of Business Mailing Address  
**6140 S.W. 70TH STREET SOUTH MIAMI FL 33143**  
**GELBER & COMPANY**  
**285 N.W. 199TH ST #204**  
**MIAMI FL 33169**

**710588**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**GELBER & COMPANY**  
**285 N.W. 199th STREET, #204**  
 City & State  
**MIAMI, FL 33169**  
 Zip  
**305-651-8000**

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**

**BRAND, BARRY E**  
**6140 S.W. 70TH STREET**  
**SOUTH MIAMI FL 33143**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>LANOFF, ROBERT C</b><br><b>6140 SW 70 ST</b><br><b>SO. MIAMI FL</b> <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SETH, ROSEN</b><br><b>6140 SW 70 ST</b><br><b>SO. MIAMI FL</b> <input type="checkbox"/> Delete       |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROSENKRANTZ, NEIL</b><br><b>6140 SW 70 ST</b><br><b>SO. MIAMI FL</b> <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>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: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date: *2/1/01* Daytime Phone #: *305-665-7523*

CR2E037 (10/00)