

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05166

1. Entity Name

PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSO

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90008 005 \*\*\*\*61.25

Principal Place of Business

1601 N. PALM AVE.  
 SUITE 304F  
 PEMBROKE PINES FL 33026

Mailing Address

1601 N. PALM AVE.  
 SUITE 304F  
 PEMBROKE PINES FL 33026

000746



DO NOT WRITE IN THIS SPACE

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

59-2648438

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

SHAMBO, JAMES E  
 1601 N. PALM AVE.  
 SUITE 307  
 PEMBROKE PINES FL 33026

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
 NAME SANTI, PETE  
 STREET ADDRESS 2083 NE 160 AT  
 CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME SHAMBO, JIM  
 STREET ADDRESS 1601 N. PALM AVE. #307  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD ☐ Delete  
 NAME MAUNTER, MARK  
 STREET ADDRESS 1601 N. PALM AVE #307  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME MAUNTER, BEVERLY  
 STREET ADDRESS 1601 N. PALM AVE., SUITE 104  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the 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: *James E. Shambo*

CR2E037 (10/00)

Attachment

BUSINESS CONSULTING & ENHANCEMENT SERVICES

**Michael S. Jaffee, CPA, P.A.**  
Certified Public Accountant

660746  
Document # 1105166

May 24, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Palm-Taft Professional Condominium Association  
EIN: 59-2648438

Dear Sir:

Please find enclosed the renewal for the enclosed corporation. We apologize for the remittance being paid late. However, the "Signor" (Peter Santa) who is over 80 years old has been ill and unable to sign the check or this form.

We are taking steps to remedy this problem in order that it does not occur again.

Thank you.

Respectfully

  
Michael S. Jaffee CPA