

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90008 014 ****61.25

DOCUMENT # N05166

1. Entity Name

**PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSO
CIATION, INC.**

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**

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 \$61.259. 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
**VPD
SANTI, PETE
2083 NE 160 AT
N. MIAMI BEACH FL 33162** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRADLEY BUSCHEL
3600 N. PARK ROAD
HOLLYWOOD, FL 33021** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHAMBO, JIM
1601 N. PALM AVE. #307
PEMBROKE PINES FL 33026** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JOHN GENTILE
1601 N. PALM AVE., #212
PEMBROKE PINES, FL 33026** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAUNTER, MARK
1601 N. PALM AVE #307
PEMBROKE PINES FL 33026** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAUNTER, BEVERLY
1601 N. PALM AVE., SUITE 104
PEMBROKE PINES FL 33026** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: **PALE****2/19/02-954-8850885**

CR2E037 (9/01)