

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010912

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** METROPOLITAN PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

951 NE 167TH ST 102 N  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

951 NE 167TH ST 102 N  
MIAMI, FL 33162

**New Mailing Address:**

**FEI Number:** 20-5952672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVERS, STEVEN  
951 NE 167TH ST 102 N  
MIAMI, FL 33162 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SILVERS, STEVEN  
Address: 951 NE 167TH ST 102 N  
City-St-Zip: MIAMI, FL 33162

Title: DS ( ) Delete  
Name: TAMIR, OFER  
Address: 951 NE 167TH ST 102 N  
City-St-Zip: MIAMI, FL 33162

Title: DT ( ) Delete  
Name: FABIUS, DANIEL  
Address: 951 NE 167TH ST 102 N  
City-St-Zip: MIAMI, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OFER TAMIR

OWNE

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date