

**2001 UNIFORM BUSINESS REPORT (UBR)**

05-22-2001 90017 049 \*\*\*\*61.25  
N45260

**FILED**  
01 NOV 13 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00055621

**DOCUMENT #** N45260  
1. Entity Name  
1555 PENNSYLVANIA COOPERATIVE ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1555 PENNSYLVANIA AV 608 SIXTH ST  
MIAMI BEACH, FL MIAMI BEACH, FL  
33139

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 Applied For  
65-048078 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
ROSEN, PAUL  
1 NE FIRST ST # 700  
MIAMI FL 33132

7. Name and Address of New Registered Agent  
Name REGATTA REAL ESTATE MGMT, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
608 SIXTH ST, 2ND FLOOR  
City MIAMI BEACH FL Zip Code 33139

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 Richard Leub Richard Leonida 4-7-2001  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW: FEE IS \$81.25  
B. 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	PP	ROSEN, PAUL	<input checked="" type="checkbox"/> Delete
NAME		1 NE 1ST AV # 700	
STREET ADDRESS		MIAMI FL 33132	
CITY-ST-ZIP			
TITLE	TD	ROSEN, JUDITH	<input checked="" type="checkbox"/> Delete
NAME		1 NE 1ST AV # 700	
STREET ADDRESS		MIAMI FL 33132	
CITY-ST-ZIP			
TITLE	D	BLUE, BEATRIZ	<input checked="" type="checkbox"/> Delete
NAME		1 NE 1ST AV # 700	
STREET ADDRESS		MIAMI FL 33132	
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			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	HUGH, WANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1555 PENNSYLVANIA AV # 209	
STREET ADDRESS		MIAMI BEACH FL 33139	
CITY-ST-ZIP			
TITLE	TD	LEONIDO, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1555 PENNSYLVANIA AV # 102	
STREET ADDRESS		MIAMI BEACH FL 33139	
CITY-ST-ZIP			
TITLE	D	LEMONIE, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1555 PENNSYLVANIA AV # 108	
STREET ADDRESS		MIAMI BEACH FL 33139	
CITY-ST-ZIP			
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: Richard Leub Richard Leonida 4-7-2001 (305) 532-7682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)