

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003371

1. Entity Name

PARKER PLAZA SOCIAL CLUB, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 008 ****61.25

Principal Place of Business

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

Mailing Address

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVAGE, CRAIG D ESQUIRE
801 NE 167TH STREET
SUITE 302
NORTH MIAMI BEACH FL 33162

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

After September 13, 2000 min. will be \$236.25

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 P
NAME GIBELMAN, IRENE
STREET ADDRESS 2030 S OCEAN DR #926
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE P
NAME Perlman, Marilyn
STREET ADDRESS 2030 South Ocean Drive #1827
CITY-ST-ZIP Hallandale, Florida 33009 ☐ Change ☐ Addition

TITLE VD
NAME PERLMAN, MARILYN
STREET ADDRESS 2030 S OCEAN DR #1827
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE VD
NAME Gibelman, Irene
STREET ADDRESS 2030 South Ocean Drive #926
CITY-ST-ZIP Hallandale, Florida 33009 ☐ Change ☐ Addition

TITLE S
NAME BISS, ELAINE
STREET ADDRESS 2030 S OCEAN DR #2109
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE S
NAME Wenner, Helen
STREET ADDRESS 2030 South Ocean Drive #1812
CITY-ST-ZIP Hallandale, Florida 33009 ☐ Change ☐ Addition

TITLE TD
NAME FROLOW, ERNA
STREET ADDRESS 2030 SOUTH OCEAN DRIVE
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE TD
NAME Saech, Sally
STREET ADDRESS 2030 South Ocean Drive #1506
CITY-ST-ZIP Hallandale, Florida ☐ Change ☐ Addition

TITLE SD
NAME WEINER, HELEN
STREET ADDRESS 2030 SOUTH OCEAN DRIVE
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE SD
NAME Biss, Elaine
STREET ADDRESS 2030 South Ocean Drive #2109
CITY-ST-ZIP Hallandale, Florida 33009 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-2000 954-4543804

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

A5070043

DOCUMENT # N96000003371

1. Entity Name

PARKER PLAZA SOCIAL CLUB, INC.

Principal Place of Business

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

Mailing Address

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAVAGE, CRAIG D ESQUIRE
801 NE 167TH STREET
SUITE 302
NORTH MIAMI BEACH FL 33162

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
After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME GIBELMAN, IRENE
STREET ADDRESS 2030 S OCEAN DR #926
CITY-ST-ZIP HALLANDALE FL 33009

TITLE P ☐ Change ☐ Addition
NAME Perlman, Marilyn
STREET ADDRESS 2030 South Ocean Drive #1827
CITY-ST-ZIP Hallandale, Florida 33009

TITLE VD ☐ Delete
NAME PERLMAN, MARILYN
STREET ADDRESS 2030 S OCEAN DR #1827
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☐ Change ☐ Addition
NAME Gibelman, Irene
STREET ADDRESS 2030 South Ocean Drive #926
CITY-ST-ZIP Hallandale, Florida 33009

TITLE S ☐ Delete
NAME BISS, ELAINE
STREET ADDRESS 2030 S OCEAN DR #2109
CITY-ST-ZIP HALLANDALE FL 33009

TITLE S ☐ Change ☐ Addition
NAME Wenner, Helen
STREET ADDRESS 2030 South Ocean Drive #1812
CITY-ST-ZIP Hallandale, Florida 33009

TITLE TD ☐ Delete
NAME FROLOW, ERNA
STREET ADDRESS 2030 SOUTH OCEAN DRIVE
CITY-ST-ZIP HALLANDALE FL

TITLE TD ☐ Change ☐ Addition
NAME Saech, Sally
STREET ADDRESS 2030 South Ocean Drive #1506
CITY-ST-ZIP Hallandale, Florida

TITLE SD ☐ Delete
NAME WEINER, HELEN
STREET ADDRESS 2030 SOUTH OCEAN DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE SD ☐ Change ☐ Addition
NAME BISS, Elaine
STREET ADDRESS 2030 South Ocean Drive #2109
CITY-ST-ZIP Hallandale, Florida 33009

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 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:

Marilyn Perlman Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000 984-454-3804

Date

Daytime Phone #