

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003371

1. Entity Name

PARKER PLAZA SOCIAL CLUB, INC.

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90002 031 ****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

PARKER PLAZA SOCIAL CLUB, INC.
Suite #, etc.
SUITE 104

3. Mailing Address

2030 S. OCEAN DR.
Suite #, etc.
SUITE 104

City & State

HALLANDALE, FL 33009

City & State

HALLANDALE FL-33009

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 12, 2001, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBELMAN, IRENE	
STREET ADDRESS	2030 S OCEAN DR #926	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERLMAN, MARILYN	
STREET ADDRESS	2030 S OCEAN DR #1827	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	BISS, ELAINE	
STREET ADDRESS	2030 S OCEAN DR #2109	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FROLOW, ERNA	
STREET ADDRESS	2030 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINER, HELEN	
STREET ADDRESS	2030 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACH, SALLY	
STREET ADDRESS	2030 SOUTH OCEAN DRIVE #1506	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: Sally Bach Treas. CUSALE BACH TREAS 8/8/01 954456-2517

CR2E037 (5/01)