

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90029 032 ****61.25

DOCUMENT # N96000003371

1. Entity Name

PARKER PLAZA SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

**2030 SOUTH OCEAN DRIVE
 SUITE 104
 HALLANDALE FL 33009**

**2030 SOUTH OCEAN DRIVE
 SUITE 104
 HALLANDALE FL 33009**

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

NOT APPLICABLE

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

**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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **President** ☐ Change ☐ Addition
 NAME **Helen Rosenberg**
 STREET ADDRESS **#718**
 CITY-ST-ZIP

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

TITLE **Secretary Recording** ☒ Change ☐ Addition
 NAME **Shirley Friedman**
 STREET ADDRESS **#520**
 CITY-ST-ZIP

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

TITLE **Financial Secretary** ☒ Change ☐ Addition
 NAME **Hortense Galen**
 STREET ADDRESS **#414**
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **WEINER, HELEN**
 STREET ADDRESS **2030 SOUTH OCEAN DRIVE**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **BACH, SALLY**
 STREET ADDRESS **2030 SOUTH OCEAN DRIVE #1506**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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:

Signature of Irene Gibelman

1/25/02 954 454-4483

CR2E037 (9/01)