

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009379

1. Entity Name
1244 PENN ASSOCIATES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90180 017 ***150.00

Principal Place of Business 230 FIFTH STREET MIAMI BEACH FL 33139	Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1632 Pennsylvania Ave. Suite, Apt. #, etc.	3. Mailing Address 1632 Pennsylvania Ave. Suite, Apt. #, etc.
City & State Miami Beach, FL Zip 33139 Country US	City & State Miami Beach, FL Zip 33139 Country US

4. FEI Number 65-0578913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBINS, CRAIG 230 5TH STREET TWO SOUTH BISCAYNE BLVD. MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1632 Pennsylvania Avenue City Miami Beach FL Zip Code 33139
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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 _____ DATE **3/25/01**
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME ROBINS, CRAIG	TITLE	NAME 1632 Pennsylvania Ave,
STREET ADDRESS 230 FIFTH STREET	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS	CITY-ST-ZIP Miami Beach, FL 33139
TITLE VP	NAME SCHLESSER, MELVYN	TITLE	NAME
STREET ADDRESS 1300 COLLINS AVE 100	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS	CITY-ST-ZIP
TITLE VPST	NAME ROBINS, STACY	TITLE	NAME
STREET ADDRESS 230 FIFTH STREET	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

13. I hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, 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 thereof, or an authorized agent, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with this report.

SIGNATURE: _____ DATE **3/25/01** (305) 531-8700
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)