

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90368 035 \*\*\*\*61.25

**DOCUMENT # N05166**

1. Entity Name

**PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSO**

Principal Place of Business

Mailing Address

1601 N. PALM AVE.  
 SUITE 304F  
 PEMBROKE PINES FL 33026

1601 N. PALM AVE.  
 SUITE 304F  
 PEMBROKE PINES FL 33026-3242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2648438**

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

**SHAMBO, JAMES E**  
 1601 N. PALM AVE.  
 SUITE 307  
 PEMBROKE PINES FL 33026

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	VPD	<input type="checkbox"/> Delete
NAME	SANTI, PETE	
STREET ADDRESS	2083 NE 160 AT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAMBO, JIM	
STREET ADDRESS	1601 N. PALM AVE. #307	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAUNTER, MARK	
STREET ADDRESS	1601 N. PALM AVE #307	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAUNTER, BEVERLY	
STREET ADDRESS	1601 N. PALM AVE., SUITE 104	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
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: *SIGNATURE SANTI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 954-437-2777  
 Date Daytime Phone #

CR2E037 (9/99)