## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000005242

Entity Name: PONCE PLAZA, INC.

**Current Principal Place of Business:** 

**335 SW 12 AVENUE** MIAMI, FL 33130

**Current Mailing Address:** 

16855 NE 2ND AVE UNIT N400 NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-1040919 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A. 4770 BISCAYNE BLVD STE 1400 MIAMI, FL 33137 US

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: ABRAHAM A. GALBUT 10/06/2020

Electronic Signature of Registered Agent

Date

**FILED** 

Oct 06, 2020

Secretary of State 7254585862CC

Officer/Director Detail:

Name

Title DIRECTOR, VP DIRECTOR, SECRETARY, Title

TREASURER ROZSANSKY, BEN

Name WASSERMAN, MARTY Address 16855 NE 2ND AVE UNIT N400

16855 NE 2ND AVE UNIT N400 Address City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title CEO, PRESIDENT VΡ

Title Name BLOOM, ELAINE

Name GALBUT, DANIEL

Address 16855 NE 2ND AVE UNIT N400 Address 16855 NE 2ND AVE UNIT N400 City-State-Zip: NORTH MIAMI BEACH FL 33162

NORTH MIAMI BEACH FL 33162 City-State-Zip:

Title

Title VΡ Name GALBUT, ABRAHAM A.

FRUHMAN, HARRY Name 16855 NE 2ND AVE UNIT N400 Address

16855 NE 2ND AVE UNIT N400 Address City-State-Zip: MIAMI FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.