## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001371

Entity Name: PONCE PLAZA PROPERTIES, INC.

**Current Principal Place of Business:** 

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

**Current Mailing Address:** 

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

FEI Number: 26-4233085 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A. 4770 BISCAYNE BLVD STE 1400 MIAMI, FL 33162 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 04/29/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, VP Title SECRETARY / TREASURER

Name ROZSANSKY, BEN Name WASSERMAN, MARTY

Address 16855 NE 2ND AVE UNIT N400 Address 16855 NE 2ND AVE UNIT N400

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title CEO Title VP

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 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP Title CFO

Name GALBUT, ABRAHAM A. Name FRUHMAN, HARRY

Address 16855 NE 2ND AVE UNIT N400 Address 16855 NE 2ND AVE UNIT N400

City-State-Zip: MIAMI FL 33162 City-State-Zip: MIAMI 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.

**CFO** 

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2021

**Secretary of State** 

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