

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90222 027 ****61.25

DOCUMENT # 702849

1. Entity Name

OCEAN TOWERS, INC.

Principal Place of Business

158 OCEAN DR.
 MIAMI BEACH FL 33139

Mailing Address

C/O SY-LO ENT CORP
 PO BOX 557967
 MIAMI FL 33255-7967
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0995136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SY-LO ENT CORP
 130 MADEIRA AVE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE Delete
 NAME **DP REISINGER, BETSY**
 STREET ADDRESS **510 NE 56TH ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Delete
 NAME **TD VALENTE, VIRGINIA**
 STREET ADDRESS **PO BOX 800042**
 CITY-ST-ZIP **AVENTURA FL 33280**

TITLE Delete
 NAME **VD FILIZ, ALAIN**
 STREET ADDRESS **621 NE 55 ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Delete
 NAME **SD DONNOLLY, ELIZABETH**
 STREET ADDRESS **780 NE 69TH #410**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Delete
 NAME **D MANNING, ROBERT**
 STREET ADDRESS **NO 1 MILITARY RD BOX 279**
 CITY-ST-ZIP **REMSEN NY 13438**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: *Betsy Reisinger*

Betsy Reisinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

3054460999

Date Daytime Phone #

CR2E037 (9/99)