

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90171 001 \*\*\*\*61.25

**DOCUMENT # 709323**

1. Entity Name

**CARLYLE TOWERS, INC., A CONDOMINIUM**

Principal Place of Business

Mailing Address

**7800 CARLYLE AVENUE  
 MIAMI BEACH FL 33141**

**% PUBLIO RODRIGUEZ  
 7800 CARLYLE AVE., STE 3-C  
 MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

**LIZA LIBER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7800 Carlyle Ave, #5B**

City & State

City & State

**Miami Beach FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, PUBLIO  
 7800 CARLYLE AVE  
 3-C  
 MIAMI BEACH FL 33141**

Name

**LIBER, LIZA**

Street Address (P.O. Box Number is Not Acceptable)

**7800 Carlyle Ave, #5B**

City

**Miami Beach**

**FL**

Zip Code

**33141**

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

*Liza L. Liber*

**1-15-2001**

Signature, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAGLIAT, INGRID 7800 CARLYLE AVENUE., #4-F MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ-CRUZ, LUCY 7800 CARLYLE AVENUE., #6-A MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, PUBLIO 7800 CARLYLE AVENUE., #3-C MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIBER, LIZA 7800 Carlyle Ave, #5-B Miami Beach, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILAZO, NATALIE 7800 Carlyle Ave, #6-F Miami Beach, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Liza L. Liber*

**January 15 - 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Photo #

CR2E037 (9/01)