

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90015 038 ****61.25

DOCUMENT # 711606

1. Entity Name

SUNDIAL TOWERS CONDOMINIUM, INC.

Principal Place of Business

**8400 BYRON AVE.
 MIAMI BEACH FL 33141**

Mailing Address

**8400 BYRON AVE.
 MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1222305

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

Pres / Director
**YANKOWSKY, Z
 8400 BYRON AV E.
 MIAMI BEACH FL 33141**

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

On file

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	<i>Director</i>	<input type="checkbox"/> Delete
NAME	RAS, CHARLES	
STREET ADDRESS	8400 BYRON AVE 5D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KACZIENOWICZ, OKSAN	
STREET ADDRESS	8400 BYRON AVE 3F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZILL, MARY	
STREET ADDRESS	8400 BYRON AVE 4F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, J. F.	
STREET ADDRESS	8400 BYRON AVE 2C	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITEZ, SEVERO C.	
STREET ADDRESS	8400 BYRON AVE 2F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELLARO, FRANK	
STREET ADDRESS	8400 BYRON AVENUE 2A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>KEVIN J 8400 Byron Ave Miami Beach FL 33141</i>
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 305-861-1011

Date

Daytime Phone #

CR2E037 (9/01)