

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 712318**

1. Entity Name

CRANDON TOWER CONDOMINIUM INC.**FILED**
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90012 026 ****61.25

Principal Place of Business

Mailing Address

**555 CRANDON BLVD. 85
KEY BISCAYNE FL 33149-8802****% C.P.M. CORP
170 OCEAN LANE DR
KEY BISCAYNE FL 33149-1460
US**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1228168

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR.
KEY BISCAYNE FL 33149**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	BERGER-DUNN, MARJORIE	555 CRANDON BLVD APT #63	KEY BISCAYNE FL	☒	☐
TD	SAEZ, ENRIQUE	555 CRANDON BLVD #64	KEY BISCAYNE FL	☐	☐
VPD	MIRANDA, MARIA	555 CRANDON BLVD #82	KEY BISCAYNE FL	☐	☐
PD	ALEXANDER, KEITH	555 CRANDON	KEY BISCAYNE FL	☐	☐
D	DEWITT, CONNIE	555 CRANDON BLVD	KEY BISCAYNE FL	☐	☐
SD	Zayas, Alfredo	555 Crandon Blvd #31	Key Biscayne, FL. 33149	☐	☒

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 REQUIRED*Kathy P. Pichard* 2/18/2000 (305) 858-2900