

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 047 ****61.25

DOCUMENT # 714449

1. Entity Name

INTERNATIONAL TOWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1400 S W 27TH AVENUE #707
 MIAMI FL 33145

1400 S W 27TH AVENUE #707
 MIAMI FL 33145-1244

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

59-1236029

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

7. Name and Address of New Registered Agent

BOHN, MARGARET G
 1400 SW 27 AVE
 STE 406
 MIAMI FL 33145

Name
FAUSTINO NUNEZ

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

1400 SW 27TH AVE # 101

City
MIAMI

FL

Zip Code
#33145

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

FAUSTINO NUNEZ

3-1-00

Signature, typed or printed name of registered agent and, 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	PD	<input type="checkbox"/> Delete
NAME	JESTER, MARGARET	
STREET ADDRESS	1400 S.W. 27TH AVE. #505	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGSON, JEROME B	
STREET ADDRESS	1400 SW 27TH AVE #704	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOHN, MARGARET	
STREET ADDRESS	1400 SW 27TH AVE., 406	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUSTINO NUNEZ	
STREET ADDRESS	1400 SW 27TH AVE #101	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLANDO GARCIA	
STREET ADDRESS	1400 SW 27TH AVE #305	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD FALLON	
STREET ADDRESS	1400 SW 27TH AVE #704	
CITY-ST-ZIP	MIAMI, FL 33145	
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		

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:

FAUSTINO NUNEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

305-326-1203

Daytime Phone #

CR2E037 (9/99)