

# 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  Delete  
 NAME **PD JESTER, MARGARET**  
 STREET ADDRESS **1400 S.W. 27TH AVE. #505**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
 NAME **PD FAUSTINO NUNEZ**  
 STREET ADDRESS **1400 SW 27TH AVE #101**  
 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE  Delete  
 NAME **TD BERGSON, JEROME B**  
 STREET ADDRESS **1400 SW 27TH AVE #704**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
 NAME **TD ROLANDO GARCIA**  
 STREET ADDRESS **1400 SW 27TH AVE #305**  
 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE  Delete  
 NAME **SD BOHN, MARGARET**  
 STREET ADDRESS **1400 SW 27TH AVE., 406**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **SD RICHARD FALLON**  
 STREET ADDRESS **1400 SW 27TH AVE #704**  
 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)