

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90043 017 ****61.25

DOCUMENT # 714449
 1. Entity Name
INTERNATIONAL TOWERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1400 S W 27TH AVENUE #707 **1400 S W 27TH AVENUE #707**
MIAMI FL 33145 **MIAMI FL 33145**

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**

00007334



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NUNEZ, FAUSTINO
1400 SW 27 AVE
#101
MIAMI FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, RICHARD	
STREET ADDRESS	1400 S.W. 27TH AVE #704	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER-BERGSON, JEROME	
STREET ADDRESS	1400 S.W. 27TH AVE, # 704	
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET BOHN, MARGARET	
STREET ADDRESS	1400 S.W. 27TH AVE. # 406	
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		

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 677, 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** *[Signature]* 3-21-01 (305.6439012)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/00)