

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90047 039 \*\*\*\*61.25

**DOCUMENT # 714576**

1. Entity Name

**WELLINGTON TOWERS, INC.**

Principal Place of Business

Mailing Address

1701 SOUTH OCEAN DR  
 HOLLYWOOD FL 33019

1701 SO. OCEAN DR.  
 204  
 HOLLYWOOD FL 33019-2407  
 US

**428062**



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

**23-7024716**

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

**STERN, JOSEPH**  
**1701 S OCEAN DR #204**  
**HOLLYWOOD FL 33019**

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: **D**  Delete  
 NAME: **BORUCHOV, FRED**  
 STREET ADDRESS: **1701 S OCEAN DRIVE**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE: **DIRECTOR**  Change  Addition  
 NAME: **JOHN BERKZSA**  
 STREET ADDRESS: **1701 So. OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD, FL. 33019**

TITLE: **T**  Delete  
 NAME: **STERN, EDITH**  
 STREET ADDRESS: **1701 SOUTH OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE: **D**  Delete  
 NAME: **LANDERS, FLORENCE**  
 STREET ADDRESS: **1701 S OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE: **DIRECTOR**  Change  Addition  
 NAME: **ROBERT WISEMAN**  
 STREET ADDRESS: **1701 So. OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD, FL. 33019**

TITLE: **D**  Delete  
 NAME: **MARTINEZ, MYRNA**  
 STREET ADDRESS: **1701 S OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE: **VP**  Delete  
 NAME: **ETHERIDGE, HERBERT**  
 STREET ADDRESS: **1701 S. OCEAN DRIVE**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

TITLE: **S**  Delete  
 NAME: **CEREGHINI, LORRAINE**  
 STREET ADDRESS: **1701 S OCEAN DR**  
 CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Change  Addition

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 REQUIRED STERN**

4/25/02

954-989-4257

CR2E037 (9/01)