

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90206 037 \*\*\*\*61.25

**DOCUMENT # 715112**

1. Entity Name

**BUCKLEY TOWERS CONDOMINIUM, INC.**



Principal Place of Business

**1321 MIAMI GARDENS DRIVE  
MIAMI FL 33179**

Mailing Address

**1321 MIAMI GARDENS DRIVE  
MIAMI FL 33179**

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 **59-1223878**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROGEL, DAVID H ESO  
C/O BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DR #100  
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IVD TAUB, SAUL</b> <input checked="" type="checkbox"/> Delete <b>1321 NE MIAMI GARDENS DR MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KRISS, HYMAN</b> <input checked="" type="checkbox"/> Delete <b>1321 NE MIAMI GARDENS DR. MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ADEDEJI, PRINCE</b> <input checked="" type="checkbox"/> Delete <b>1321 NE MIAMI GARDENS DR. MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ISRAEL, PHILIP</b> <input checked="" type="checkbox"/> Delete <b>1321 NE MIAMI GARDENS DR. MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASTROKER, PEGGY</b> <input checked="" type="checkbox"/> Delete <b>1321 ME MIAMI GARDENS DR. MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ORE, CARMEN</b> <input checked="" type="checkbox"/> Delete <b>1321 NE MIAMI GARDENS DR MIAMI FL 33179</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TAUB, SAUL</b> <b>1351 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1ST V.P. - DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CASTILLO, CRISPINA</b> <b>1351 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND V.P. - DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GREY, EVELYN M.</b> <b>1301 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER - DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ISRAEL, PHILIP</b> <b>1351 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY - DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PATTON, CHARLES</b> <b>1301 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LUISA TORRES</b> <b>1301 N.E. MIAMI GARDENS DR. MIAMI, FL. 33179</b>

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: *S. Taub* **President** 2-21-03 (305) 949-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715112

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BUCKLEY TOWERS CONDOMINIUM, INC.



Principal Place of Business  
1321 MIAMI GARDENS DRIVE  
MIAMI FL 33179

Mailing Address  
1321 MIAMI GARDENS DRIVE  
MIAMI FL 33179

80038063



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1223878

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

ROGEL, DAVID H ESO  
C/O BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DR #100  
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEES \$51.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR**  Delete  
NAME **CARLOS TORRES**  
STREET ADDRESS **1351 N.E. MIAMI GARDENS DR.**  
CITY-ST-ZIP **MIAMI, FL. 33179**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR**  Delete  
NAME **MARTIN CHURGIN**  
STREET ADDRESS **1351 N.E. MIAMI GARDENS DR.**  
CITY-ST-ZIP **MIAMI, FL. 33179**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR**  Delete  
NAME **SAUL KATZ**  
STREET ADDRESS **1351 N.E. MIAMI GARDENS DR.**  
CITY-ST-ZIP **MIAMI, FL. 33179**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR**  Delete  
NAME **ANDRE MEOUARI**  
STREET ADDRESS **1351 N.E. MIAMI GARDENS DR.**  
CITY-ST-ZIP **MIAMI, FL. 33179**

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 contained in 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 of this report as an attachment with an address, with all other like empowered.


*Saul Katz*

2-21-03 (305) 949-7266

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 715112**

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**BUCKLEY TOWERS CONDOMINIUM, INC.**



Principal Place of Business      Mailing Address  
**1321 MIAMI GARDENS DRIVE**      **1321 MIAMI GARDENS DRIVE**  
**MIAMI FL 33179**      **MIAMI FL 33179**

80038063

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 **59-1223878**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROGEL, DAVID H ESO**  
**C/O BECKER & POLIAKOFF, P.A.**  
**5201 BLUE LAGOON DR #100**  
**MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW! FEE \$51.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>DIRECTOR-KENNETH PRODDICK</b> <input type="checkbox"/> Delete	NAME <b>1301 N.E. MIAMI GARDENS DRIVE</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	
TITLE <b>DIRECTOR-LISA DELMONICO</b> <input type="checkbox"/> Delete	NAME <b>1301 N.E. MIAMI GARDENS DR.</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	
TITLE <del>DIRECTOR</del> - <b>AIDA RAHIREZ</b> <input type="checkbox"/> Delete	NAME <b>1301 N.E. MIAMI GARDENS DR.</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	
TITLE <del>DIRECTOR</del> - <b>CATALDO LEONE</b> <input type="checkbox"/> Delete	NAME <b>1301 N.E. MIAMI GARDENS DR.</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	
TITLE <del>DIRECTOR</del> - <b>JON WILLIAMSON</b> <input type="checkbox"/> Delete	NAME <b>1301 N.E. MIAMI GARDENS DR.</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	
TITLE <del>DIRECTOR</del> - <b>ZHANA MAKSIMOV</b> <input type="checkbox"/> Delete	NAME <b>1351 N.E. MIAMI GARDENS DR.</b>
STREET ADDRESS <b>MIAMI, FL. 33179</b>	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if the filer had been the filer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that the filer has an address in Block 1114.

*Jon Williamson President*      2-21-03 (305) 949-7266