

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0042008

DOCUMENT # 715795

1. Entity Name

12590 CORONADO TOWERS CONDOMINIUM, INC.

05-10-2001 90116 016 ****61.25

Principal Place of Business

Mailing Address

**12590 N.E. 16 AVENUE
 NORTH MIAMI FL 33161**

**12590 N.E. 16 AVENUE
 NORTH MIAMI FL 33161**

00048484



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

59-1288731

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

**BOWMAN, FLORENCE
 12590 N.E. 16TH AVE
 APT. #201
 NO. MIAMI FL 33161**

Name **DEBBIE MCDANIEL**

Street Address (P.O. Box Number is Not Acceptable)
12590 NE 16 AVE #308

City **NORTH MIAMI**

FL

Zip Code **33161**

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

D Mc Daniel

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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	T	<input checked="" type="checkbox"/> Delete
NAME	FAVINO, CONNIE	
STREET ADDRESS	12590 NE 16TH AVE #511	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASASNOVAS, EVELYN	
STREET ADDRESS	12590 NE 16TH AVE, #210	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOM, HENRY	
STREET ADDRESS	12590 NE 16 AVE #305	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, THOMAS	
STREET ADDRESS	12590 NE 16TH AVE, #401	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, FLORENCE	
STREET ADDRESS	12590 N.E. 16TH AVE., #201	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE MCDANIEL	
STREET ADDRESS	12590 NE 16 AVE #308	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMANTHA PORTALES	
STREET ADDRESS	12590 NE 16 AVE #407	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINA ZERPINIS	
STREET ADDRESS	12590 NE 16 AVE #506	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRA SHAPIRO	
STREET ADDRESS	12590 NE 16 AVE #307	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
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:

Myra Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

305-895-8713

DAYTIME PHONE #

CR2E037 (10/00)