

2002 UNIFORM BUSINESS REPORT (UBR)

0000147

DOCUMENT # 716152

1. Entity Name

910 JEFFERSON TOWERS, INC., A CONDOMINIUM

FILED

02 OCT -7 PM 4:24

Principal Place of Business

910 JEFFERSON AVENUE
MIAMI BEACH FL 33139

Mailing Address

910 JEFFERSON AVENUE
MIAMI BEACH FL 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7300 Biscayne Blvd. ~~206~~
206
Miami, FL
33138
USA

4. FEI Number

59-2040665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, JESUS
910 JEFFERSON AVE
#2-B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7300 Biscayne Blvd, Suite 206

City

Miami

FL

Zip Code

33138

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]

10/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DP	<input checked="" type="checkbox"/> Delete
NAME	TORRES, JESUS E	
STREET ADDRESS	910 JEFFERSON AVE., #2-B	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARCIA, DANIEL	
STREET ADDRESS	910 JEFFERSON AVE., #2-C	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YEAGER, RACHEL	
STREET ADDRESS	910 JEFFERSON AVE., #5-D	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUTNER, DAVID	
STREET ADDRESS	910 JEFFERSON AVE., #3-B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LECOEUR, CAROLINA	
STREET ADDRESS	910 JEFFERSON AVE., #5-E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300008307913-4	
STREET ADDRESS	-10/10/02--01053--025	
CITY-ST-ZIP	****236.25 ****236.25	
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 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]

10/3/02

305 751 1218

CR2E037 (4/02)