


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

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

01-24-2003 90046 013 \*\*\*\*61.25

**DOCUMENT # 716737**

1. Entity Name  
**CAMBRIDGE TOWERS, INC.**



Principal Place of Business  
**1601 SOUTH OCEAN DRIVE  
HOLLYWOOD FL 33019  
US**

Mailing Address  
**1601 SOUTH OCEAN DRIVE  
HOLLYWOOD FL 33019**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1272473**

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

**HOLLIS, NATHAN  
1601 S OCEAN DR  
HOLLYWOOD FL 33019**

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>P</b> <b>HOLLIS, NATHAN</b> <b>1601 S. OCEAN DRIVE</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MATERA, PHYLLIS</b> <b>1601 S. OCEAN DRIVE</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KAYLOR, WARREN E JR</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUBEUIL, ROBERT</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GIOVANNINA, FAINI A</b> <b>1601 S OCEAN DR</b> <b>HOLLYWOOD FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARATOZOUA, EMANUEL</b> <b>1601 S. OCEAN DRIVE</b> <b>HOLLYWOOD FL 33019</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 persons empowered.

SIGNATURE: *Phyllis Matera*  
**SIGNATURE REQUIRED**  
Phyllis Matera  
Treasurer. 1/16/2003 954-920-7000

CR2E037 (10/02)