

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 026 ****61.25

DOCUMENT # 717197

1. Entity Name

MAJORCA TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

11930 NORTH BAYSHORE DRIVE
 N MIAMI FL 33181
 US

~~11930 NORTH BAYSHORE DRIVE~~
~~MIAMI FL 33181~~
 US

2. Principal Place of Business

3. Mailing Address

Co. Castle Mgmt. Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 189013

City & State

City & State

Plantation FL

4. FEI Number

59-1295138

Applied For

Not Applicable

Zip

Country

Zip

Country

33318

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZYNKO, JOHN
11930 N BAYSHORE DR
APT 607
MIAMI FL 33181

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	T	<input type="checkbox"/> Delete
NAME	PEARLMAN, LEE	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZYNKO, JOHN	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, DOLORES	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, NORMAN	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COREY, LOIS	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NATLAND, BETH	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL 33181	

TITLE	TJD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE	VD	<input checked="" 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: *Lee Pearlman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 305-893-5851
 Date Daytime Phone #

CR2E037 (9/99)