

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90129 031 \*\*\*\*61.25

**DOCUMENT # 718087**

*61.25*

1. Entity Name  
**JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, I**

Principal Place of Business      Mailing Address  
**245 18TH ST**      **245 18TH ST**  
**MIAMI BEACH FL 33139-2038**      **MIAMI BEACH FL 33139-2031**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1299143**      Applied For  
 Not Applicable

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**

**LANIER, NARCISO**  
**245 18TH ST #1103**  
**STE 805**  
**MIAMI BCH FL 33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | VD                 | <input type="checkbox"/> Delete            |
| NAME           | APARICIO, FERNANDO |  |
| STREET ADDRESS | 245 18TH ST #605   |  |
| CITY-ST-ZIP    | MIAMI BEACH FL     |  |
| TITLE          | DB                 | <input type="checkbox"/> Delete            |
| NAME           | CANCIO, ANGEL      |  |
| STREET ADDRESS | 245 18TH ST #304   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33139 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | JAQUE, DELVA       |  |
| STREET ADDRESS | 245 18TH ST #902   |  |
| CITY-ST-ZIP    | MIAMI BEACH FL     |  |
| TITLE          | PD                 | <input type="checkbox"/> Delete            |
| NAME           | LANIER, NARCISO    |  |
| STREET ADDRESS | 245 18TH ST #1103  |  |
| CITY-ST-ZIP    | MIAMI BEACH FL     |  |
| TITLE          | SD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | GONZALEZ, JOSE     |  |
| STREET ADDRESS | 245 18TH ST #802   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33139 |  |
| TITLE          | TS                 | <input checked="" type="checkbox"/> Delete |
| NAME           | FERNANDEZ, MARIA   |  |
| STREET ADDRESS | 245-18TH STREET    |  |
| CITY-ST-ZIP    | MIAMI BEACH FL     |  |

|                |                       |  |
|----------------|-----------------------|--|
| 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          | SD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jaque, Delva A        |  |
| STREET ADDRESS | 245 18th St #902      |  |
| CITY-ST-ZIP    | Miami Beach FL 33139  |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | TS                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Milan, Myrna          |  |
| STREET ADDRESS | 245 18th St #905      |  |
| CITY-ST-ZIP    | Miami Beach, FL 33139 |  |
| 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: *NARCISO LANIER*      *4/25/2000*      *305 673 1950*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)