

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90919 026 ****61.25

DOCUMENT # 718087

1. Entity Name

JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, I

Principal Place of Business

**245 18TH ST
MIAMI BEACH FL 33139-2038**

Mailing Address

**245 18TH ST
MIAMI BEACH FL 33139-2038**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1299143

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

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

7. Name and Address of New Registered Agent

Name

ADELAIDE L. AVAKOS

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

245-18TH ST. APT. 405

City

MIAMI BEACH

FL

Zip Code

33139

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

Adelaide L. Avakos

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

TITLE **VD** ☐ Delete
NAME **APARICIO, FERNANDO**
STREET ADDRESS **245 18TH ST #605**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DB** ☐ Delete
NAME **CANCIO, ANGEL**
STREET ADDRESS **245 18TH ST #304**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **SD** ☒ Delete
NAME **JAUQUE, DELVA A**
STREET ADDRESS **245 18TH, STE 902**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PD** ☒ Delete
NAME **LANIER, NARCISO**
STREET ADDRESS **245 18TH ST #1103**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SD TS** ☐ Delete
NAME **MILAN, MYRNA**
STREET ADDRESS **245 18TH ST. 905**
CITY-ST-ZIP **MIAMI BEACH FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☒ Addition
NAME **AVAKOS, ADELAIDE L.**
STREET ADDRESS **245-18TH ST. APT. 405**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Adelaide L. Avakos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2001 305-673-0128

CR2E037 (10/00)