

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90021 031 ****70.00

DOCUMENT # 719308

1. Entity Name

MICHIGAN TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

716 MICHIGAN AVE
 MIAMI BEACH, FL 33139

716 MICHIGAN AVE APT 404
 MIAMI BEACH, FL 33139-6051

10041870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1554536

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

~~STERLING, JOSEPH~~
~~716 MICHIGAN AVE~~
~~APT # 304~~
~~MIAMI BEACH, FL 33139~~

Name LAZARO ARENCIBIA
 Street Address (P.O. Box Number is Not Acceptable) 716 MICHIGAN AVE APT # 404
 MIAMI BEACH
 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 LAZARO ARENCIBIA

3/25/01

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 PD	<input checked="" type="checkbox"/> Delete
NAME STERLING, JOSEPH	
STREET ADDRESS 716 MICHIGAN AVE #504	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE CT	<input type="checkbox"/> Delete
NAME MENDEZ DAISY	
STREET ADDRESS 716 MICHIGAN AVE #204	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME GARCIA, ROLANDO	
STREET ADDRESS 716 MICHIGAN AVE 5305	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, MILAGROS	
STREET ADDRESS 716 MICHIGAN AVE APT #203	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE D	<input type="checkbox"/> Delete
NAME GIL, RENE	
STREET ADDRESS 716 MICHIGAN AVE #202	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARENCIBIA LAZARO	
STREET ADDRESS 716 MICHIGAN AVE APT #404	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERLING, JOSEPH	
STREET ADDRESS 716 MICHIGAN AVE #304	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESTRUMSA, JENNIFER	
STREET ADDRESS 716 MICHIGAN AVE #504	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (11/00)

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/01

Daytime Phone #