

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721043

1. Entity Name

COLLINS TOWERS ASSOCIATION, A CONDOMINIUM

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90071 027 ****61.25

Principal Place of Business 720 COLLINS AVENUE MIAMI BEACH FL 33139	Mailing Address 720 COLLINS AVENUE MIAMI BEACH FL 33139-6229
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1416448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORALEZ ANDIA
% AM MANAGEMENT SCVS, INC.
6850 CORAL WAY, #308
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **ROSA A. SOTOLONGO**
 Street Address (P.O. Box Number is Not Acceptable)
720 COLLINS AVE. #510
 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.

NEW AGENT
 SIGNATURE **ROSA A. SOTOLONGO - TREASURER -** DATE **2/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, OAMANI	
STREET ADDRESS	720 COLLINS AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEREZ, IRAEL	
STREET ADDRESS	720 COLLINS AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, BEATRIZ	
STREET ADDRESS	720 COLLINS AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, ROSA	
STREET ADDRESS	720 COLLINS AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOMENECH, YOLANDA	
STREET ADDRESS	720 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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: **Rosa A. Sotolongo** DATE: **2/28/00** DAYTIME PHONE #: **305-674-8660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)