FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am Secretary of State DOCUMENT # 725082 1. Entity Name WINSTON TOWERS 300 ASSOCIATION INC 02-01-2001 90020 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 230-174 ST. 230-174 ST. MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1457500 VNNY Not Applicable Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KALLICHE, ANTHONY A BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR. #100 **MIAMI FL 33126** Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be m Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE KANEVSKY, MARK BEAKOWITZ NATHAN 230 174TA ST APT 42 NAME NAME STREET ADDRESS 230 174 STREET APT. 1507 STREET ADDRESS APT # 2001 CITY-ST-ZIP SUNNY TSLEFFL 33160 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 DIRECTOR Change TITLE ☐ Delete TITLE ☐ Addition BRANDMAN, ELEANOR NAME NAME 230 174 STREET #2211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 50 HA IS LES 33160 CITY-ST-7IP ☐ Delete TITLE TITLE SECRETARY SNYDERMAN, RUTH NAME NAME RAFFO CARLOS R. 230 1747A ST. APT #1114 SYNNY ISLESBEACH FL 33160 STREET ADDRESS 174TH ST STE 1108 STREET ADDRESS CITY-ST-ZIP NAY ISLES FL 33160 CITY-ST-ZIP Delete TITLE TITLE DIRECTOR CALZADILLA , JOE 230 17474 ST. AAT- 42215 NAME NACKSON, CLARA NAME STREET ADDRESS STREET ADDRESS 230-174TH ST STE 519 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 37160 MIAMI BEACH FL 33160 ☐ Delete TITLE PRESIDENT 🔀 Change ☐ Addition NAME OSIAS, RUTH NAME STREET ADDRESS 230-174TH ST APT 1419 STREET ADDRESS CITY-ST-ZIP SOMY ISLES FL 33160 CITY-ST-ZIP ☐ Detete TITLE ☐ Change 🔀 Addition NAME SOLOMON, MARTIN NAME STREET ADDRESS 230-174TH ST APT 1107 STREET ADDRESS

12. I hereby certify that tife 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.

01/25/01

305-932-5290