

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726149

1. Entity Name

VENICE ISLE TOWER ASSOCIATION INC

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90059 036 ****61.25

Principal Place of Business 155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US	Mailing Address 155 ISLE OF VENICE SUITE 300 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1462050	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

BECKER & POLIAKOFF PA
3111 STIRLING RD
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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 _____ DATE _____
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
After September 13, 2000 min. will be \$236.25

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 NAME PD ZWERDUNG, TAMAR E	<input type="checkbox"/> Delete
STREET ADDRESS 155 ISLE OF VENICE STE 601	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE NAME VPD BRANCHANSKY, JULIO	<input type="checkbox"/> Delete
STREET ADDRESS 155 ISLE OF VENICE, STE 304	
CITY-ST-ZIP FORT LAUDERDALE FL 33301	
TITLE NAME SD BARROS, ROSA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2820 N.E. 40TH STREET	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE NAME VPD AMWAY, JO-ANN	<input type="checkbox"/> Delete
STREET ADDRESS 155 ISLE OF VENICE 402	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE NAME TD BARROS, DOMINGO N	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2820 NE 40TH ST	
CITY-ST-ZIP LIGHTHOUSE PT. FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD ZWERDUNG, TAMAR E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5190 SW 19th STREET	
CITY-ST-ZIP PLANTATION, FL 33317	
TITLE NAME TD CANNARA, LYND A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 155 ISLE OF VENICE STE. 404	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301	
TITLE NAME SD MATHIEU, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 155 ISLE OF VENICE STE. 302	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.