

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90095 001 ****61.25

DOCUMENT # 727060

1. Entity Name

OLYMPIC TOWER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

920 NE 169TH ST
 NORTH MIAMI BEACH FL 33162

920 NE 169TH ST
 NORTH MIAMI BEACH FL 33162-2591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1788309

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

7. Name and Address of New Registered Agent

VILINSKY, BERYL
920 NE 169 ST
N. MIAMI BEACH FL 33162

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

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: **SD** Delete
 NAME: **SCHWAB, IDA**
 STREET ADDRESS: **920 N E 169 ST**
 CITY-ST-ZIP: **N MIAMI BCH, FL 00000**

TITLE: **SECRETARY** Change Addition
 NAME: **SCHWARTZ, BLANCHE**
 STREET ADDRESS: **920 N.E. 169 ST.**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33162**

TITLE: **VD** Delete
 NAME: **LOWENSTEIN, ERNEST**
 STREET ADDRESS: **920 NE 169 ST.**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **TD** Delete
 NAME: **BRANDWEIN, HELEN**
 STREET ADDRESS: **920 NE 169TH ST**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **PD** Delete
 NAME: **VILINSKY, BERYL**
 STREET ADDRESS: **920 NE 169TH ST**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **VD** Delete
 NAME: **FINE, HARVEY**
 STREET ADDRESS: **920 NE 169 ST**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **D** Delete
 NAME: **PERLMAN, JOSEPH**
 STREET ADDRESS: **920 NE 169 ST**
 CITY-ST-ZIP: **N MIAMI BCH, FL 00000**

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: **HELEN BRANDWEIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/1/00**

Daytime Phone #: **305-652-2287**