

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90148 041 ****61.25

DOCUMENT # 727060

1. Entity Name
OLYMPIC TOWER ASSOCIATION, INC.



Principal Place of Business
**920 NE 169TH ST
NORTH MIAMI BEACH FL 33162**

Mailing Address
**920 NE 169TH ST
NORTH MIAMI BEACH FL 33162**

10041995



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BLANCHE	
STREET ADDRESS	920 N E 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANDWEIN, HELEN	
STREET ADDRESS	920 NE 169TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VILINSKY, BERYL	
STREET ADDRESS	920 NE 169TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CERNUDA, JOSE	
STREET ADDRESS	920 NE 169 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABRAHAM SCHWARTZ	
STREET ADDRESS	920 N.E. 169 ST,	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BLANCHE	
STREET ADDRESS	920 N.E. 169 ST	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
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: **SIGNATURE REQUIRED**

3/18/03 305-652-7287

CR2E037 (10/02)