

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90035 025 ****61.25

DOCUMENT # 730290

1. Entity Name

THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION,

C0003376



DO NOT WRITE IN THIS SPACE

Principal Place of Business 66 VALENCIA AVE CORAL GABLES FL 33134 US	Mailing Address 201 SEVILA AVE, SUITE 301 CORAL GABLES FL 33134-6616
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1688130	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

**DUANY, ENID
66 VALENCIA AVE
CORAL GABLES FL 33134**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE S	<input type="checkbox"/> Delete
NAME CABEZAS, ALBA	
STREET ADDRESS 201 SEVILLA AVE STE 301	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE P	<input type="checkbox"/> Delete
NAME DUANY, ENID	
STREET ADDRESS 66 VALENCIA AVE	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE D	<input type="checkbox"/> Delete
NAME CARVAJAL, LEONARD	
STREET ADDRESS 66 VALENCIA AVE.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE D	<input type="checkbox"/> Delete
NAME DEL RIEGO, ENRIQUE	
STREET ADDRESS 66 VALENCIA AVE.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE D	<input type="checkbox"/> Delete
NAME BEREK, MARIA	
STREET ADDRESS 66 VALENCIA AVE	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VP	<input type="checkbox"/> Delete
NAME PAGES, MARIO A	
STREET ADDRESS 201 SEVILLA AVE STE. 301	
CITY-ST-ZIP CORAL GABLES FL 33134	

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	
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 MARIO A PAGES** L-6-00 (305) 4438665

CR2E037 (9/99)