

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90042 041 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 736833**

1. Entity Name

**THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION,**

Principal Place of Business

5050 NW 74 AVE  
 MIAMI FL 33166

Mailing Address

5050 NW 74 AVE  
 MIAMI FL 33166-5516  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1718528**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DUGGER, ROBERT**  
**5050 NW 7 AVE**  
**MIAMI FL 33166**

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

Signature, typed or printed name of registered agent and title if applicable

**ROBERT A. DUGGER SR.**

(NOTE: Registered Agent signature required when reinstating)

**02/14/00**

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

TITLE	<del>PD-</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FRANQUIZ, MANUEL --</del>	
STREET ADDRESS	<del>1975 W 44TH PL 508-A --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BRIENGO, GEORGE --</del>	
STREET ADDRESS	<del>1975 W 44TH PL A 308 --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	
TITLE	<del>TD-</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>RIGGS, ISMAEL --</del>	
STREET ADDRESS	<del>4490 W 19TH CT 211-B --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	
TITLE	<del>SD-</del>	<input type="checkbox"/> Delete
NAME	<del>SAUVALLE, JORGE --</del>	
STREET ADDRESS	<del>4500 W 19TH CT 201-D --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	
TITLE	<del>VPD-</del>	<input type="checkbox"/> Delete
NAME	<del>ROMANI, ANTONIO</del>	
STREET ADDRESS	<del>4500 W 19TH CT 537-D --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	
TITLE	<del>D-</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>KISTNER, TERESA --</del>	
STREET ADDRESS	<del>4500 W 19TH CT B 431 --</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33012 --</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTE, JUAN,	
STREET ADDRESS	4500 W. 19th. CT, #239-D,	
CITY-ST-ZIP	HIALEAH, FL. 33012.	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLEJA, FRANCISCO,	
STREET ADDRESS	1975 W. 44th. PL., #104-A,	
CITY-ST-ZIP	HIALEAH, FL. 33012.	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ISABEL,	
STREET ADDRESS	4500 W. 19th. CT., #531-D.	
CITY-ST-ZIP	HIALEAH, FL. 33012.	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUVALLE, JORGE	
STREET ADDRESS	4500 W. 19th. CT. #231-D	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANI, ANTONIO,	
STREET ADDRESS	4500 W. 19th. CT. #537-D	
CITY-ST-ZIP	HIALEAH, FL. 33012.	
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 of Antonio Romani*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROMANI**

**2-23-00 (305)593-1141**

Date Daytime Phone #

CR2E037 (9/99)