

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750748

1. Entity Name

PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90018 046 \*\*\*\*61.25

Principal Place of Business

15600 NW 7TH AVE.  
MIAMI FL 33169-6251

Mailing Address

275 FONTAINE BCH BLVD  
200  
MIAMI FL 33172  
US

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

59-1447824

Applied For

Not Applicable

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

FEIN, STEVEN A ATTY.  
930 S STATE ROAD 7  
PLANTATION FL 33317

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 PD ☐ Delete  
NAME TODD, NANCY  
STREET ADDRESS 15600 NW. 7 AVE #404  
CITY-ST-ZIP MIAMI FL 33169

TITLE PD ☒ Change ☐ Addition  
NAME LOUISE BERRU  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

TITLE D ☐ Delete  
NAME RICHARDSON, PATRICIA  
STREET ADDRESS 15600 NW. 7 AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☒ Change ☐ Addition  
NAME JEANETTE BASS  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

TITLE TD ☐ Delete  
NAME HENRY-JAMES, HEATHER  
STREET ADDRESS 15600 NW. 7 AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE TD ☒ Change ☐ Addition  
NAME Richard Mendy  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

TITLE SD ☐ Delete  
NAME DAWSON, SUSAN  
STREET ADDRESS 15600 NW. 7 AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE SD ☒ Change ☐ Addition  
NAME JANET BARNES  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

TITLE VPD ☐ Delete  
NAME BARNES, JANET  
STREET ADDRESS 15600 NW. 7 AVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE VPD ☒ Change ☐ Addition  
NAME Adith ARROYO  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

TITLE D ☐ Delete  
NAME SCOTLAND, ASHLEY  
STREET ADDRESS 15600 NW 7TH AVE #303  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ Change ☐ Addition  
NAME TIAWANDA BLACKMON  
STREET ADDRESS 215 Fontainebleau Blvd #200  
CITY-ST-ZIP Miami FL 33172

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:

*LOUISE BERRU*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)