

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750748

Entity Name

PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90155 028 ****61.25

Principal Place of Business

600 NW 7TH AVE.
AMI FL 33169-6251

Mailing Address

275 FONTAINE BCH BLVD
200
MIAMI FL 33172
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1447824

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

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

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	<input type="checkbox"/> Delete
NAME	BERRY, LOUISE	
STREET ADDRESS	275 FONTAINEBLEAU BLVD. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, JEANELLE	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MENDY, RICHARD	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, JANET	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, ADITH	
STREET ADDRESS	275 FONTAINEBLEAU BLVD # 200	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKMON, TIAWANDA	
STREET ADDRESS	275 FONTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Paige	
STREET ADDRESS	215 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashley Scotland	
STREET ADDRESS	215 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEROME DANDRIDGE	
STREET ADDRESS	215 Fontainebleau Blvd #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIAWANDA BLACKMON	
STREET ADDRESS	215 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN WINGATE	
STREET ADDRESS	215 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WUATH PAYNE	
STREET ADDRESS	215 Fontainebleau Blvd #200	
CITY-ST-ZIP	MIAMI, FL. 33172	

2. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

Daytime Phone #

CR2E037 (9/01)