

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90014 014 ****61.25

DOCUMENT # 752090

1. Entity Name

THE TOWERS OF QUAYSIDE NO. 1 CONDOMINIUM ASSOCI-

Principal Place of Business

Mailing Address

**1000 QUAYSIDE TERR
 TOWER ONE
 MIAMI FL 33138
 US**

**1000 QUAYSIDE TERR
 TOWER ONE
 MIAMI FL 33138-2243
 US**

015887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2023750

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

**BORJAS, JANNETTE
 1000 QUAYSIDE TERR
 TOWER ONE
 MIAMI FL 33138**

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 **LICHTER, SOLOMON DR**
 STREET ADDRESS **1000 QUAYSIDE TERRACE #2012**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **AZARIA, RUTH**
 STREET ADDRESS **1000 QUAYSIDE TERR, #1707**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FRIEDMAN, HAROLD**
 STREET ADDRESS **1000 QUAYSIDE TERRACE #2102**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME **Mr. Herb Rosenberg**
 STREET ADDRESS **1000 Quayside Terr. #1504**
 CITY-ST-ZIP **Miami FL 33138**

TITLE **VPD** Delete
 NAME **HOLLAND, JUDY DR.**
 STREET ADDRESS **1000 QUAYSIDE TERR, #1005**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LEHAM, LARRY**
 STREET ADDRESS **1000 QUAYSIDE TERR, #2112**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME **Dr. John LeValley**
 STREET ADDRESS **1000 Quayside Terr. #1103**
 CITY-ST-ZIP **Miami FL 33138**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(f), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Solomon Lichter 2/20/00 (305) 891-8270

Date

Daytime Phone #

CR2E037 (9/99)