## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # N19042** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** ST. MARY TOWERS, INC. 03-29-2000 90001 028 \*\*\*\*61.25 Principal Place of Business Mailing Address 11440 N. KENDALL DR 11440 N. KENDALL DR STE E-209 STE E-209 MIAMI FL 33176 MIAMI FL 33176-1044 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2779192 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7." Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FITZGERALD, J PATRICK, ESQUIRE 110 MERRICK WAY SUITE 2-C Zip Code FI **CORAL GABLES FL 33134** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change ☐ Delete TITI F QUINLIVAN, J. M NAME STREET ADDRESS STREET ADDRESS 5730 SW 74TH ST., STE 300 CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Addition Change ☐ Delete TITLE TITLE ۷D NAME ABELLO, EUGENE NAME STREET ADDRESS STREET ADDRESS 2736 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE XX Delete TITLE CONWAY, LAURENCE NAME NAME STREET ADDRESS STREET ADDRESS 17775 NORTH BAY RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TD XIX Delete TITLE TITLE MCCAUL, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2251 YUCCA AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL XX Change ☐ Delete Addition TITLE NAME Steibel, Gary R. NAME STEIBEL, GARY R STREET ADDRESS 123 NW 6th Ave. STREET ADDRESS 123 NW 6TH AVE CITY-ST-ZIP CITY-ST-ZIP Hallandale, FL HALLANDALE FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark Quinlivan 3

Daytime Phone #