

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90183 035 ****61.25

0043792

DOCUMENT # N19042

1. Entity Name

ST. MARY TOWERS, INC.

Principal Place of Business

**11440 N. KENDALL DR
 STE E-209
 MIAMI FL 33176
 US**

Mailing Address

**11440 N. KENDALL DR
 STE E-209
 MIAMI FL 33176
 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

59-2779192

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

**FITZGERALD, J PATRICK, ESQUIRE
 110 MERRICK WAY
 SUITE 2-C
 CORAL GABLES FL 33134**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 QUINLIVAN, J. M
 5730 SW 74TH ST., STE 300
 SOUTH MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
South Miami, FL 33143 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 ABELLO, EUGENE
 2736 SW 7TH AVE
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**6522 SW 136 Ct.
 Miami, FL 33183** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 STEIBEL, GARY R
 123 NW 6TH AVE
 HALLANDALE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1805 Pierce Street
 Hollywood, FL 33020** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Matthew J. [Signature] **REQUIRED 4/6/01 305-755-2924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

C0046504



DO NOT WRITE IN THIS SPACE