2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500003635

1. Entity Name

FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6422 COLLINS AVE

MIAMI BEACH FL 33140

US

DAVIE FL 33314-3458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90298 006 ****61.25



Suite, Apt.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For	
•		·		65-0628532	Not Applicabl	
Zip	Country	Zíp	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	
			Nam	,		
-	AGEMENT OF BROWARD	INC.	Stre	Address (P.O. Box Number is Not Acceptable)		
4431 SW 64 AVE., STE 113 DAVIE FL 33314						
DAVIE FE	33314		City	FL	Zip Code	
		terrant for the number of changing	ita ragiotarad offic	or registered agent, or both, in the state of Florida.	<u>-</u>	
SIGNATURE .	Signature, typed or printed name of regis FILE NOW: FEE IS \$61.25	stered agent and title if applicable. (N 9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees Department		
0.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	D	Change 🔲 Additio	
NAME	VILLATE, NAYRA		NAME	VILLATE, NAYRA		
STREET ADDRESS	6422 COLLINS AVE		STREET ADDRI	S 6422 COLLINS AVE		
STREET ADDRESS CITY-ST-ZIP	6422 COLLINS AVE MIAMI BEACH FL 33144		STREET ADDRI CITY-ST-ZIP	S 6422 COCLINS AVE MIAMI BEACH FL 3314	4	
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CITY-ST-ZIP	MIAMI BEACH FL 33144 VD	☐ Delete	CITY-ST-ZIP	S 6422 COCLINS AVE MIAMI BEACH FL 33/4 PD RAMON DSVALDO		
CITY-ST-ZIP TITLE NAME	MIAMI BEACH FL 33144 VD RAMON, OSVALDO	,	CITY-ST-ZIP	S GYZZ COCLINS AVE MIAMI BEACH FL 33/4 PD RAMON, DSVALOO		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI BEACH FL 33144 VD RAMON, OSVALDO 6422 COLLINS AVE #110	,	CITY-ST-ZIP TITLE NAME	S 6422 COLLINS AVE MIAMI BEACH FL 33/4 PD RAMON, DSVALOO S 6422 COLLINS ANE #1103		
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12. I hereby certify that the information supplied with this filling 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 taustee 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.

CONNER BOSUAFOOD RAMON

SIGNATURE:

426/00 (asy)791-4800