

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0046691

DOCUMENT # N95000003635

1. Entity Name

FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

04-30-2001 90080 036 *****61.25

Principal Place of Business

Mailing Address

6422 COLLINS AVE
 MIAMI BEACH FL 33140
 US

4431 SW 64TH AVE
 113
 DAVIE FL 33314

752715



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

65-0628532

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

GRS MANAGEMENT OF BROWARD INC.
4431 SW 64 AVE., STE 113
DAVIE FL 33314

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	VILLATE, NAYRA	6422 COLLINS AVE	MIAMI BEACH FL 33144				
PD	RAMON, OSVALDO	6422 COLLINS AVE #1103	MIAMI BEACH FL 33144				
VPD	MARTINEZ, JOSE	6422 COLLINS AVE	MIAMI BEACH FL 33144				
D	TRUXELL, MARIA	6422 COLLINS AVE	MIAMI BEACH FL 33144	STD	TRUXEL, MARIA	6422 COLLINS AVE	MIAMI BCH FL 33144
STD	MILERA, TONY	6422 COLLINS AVE	MIAMI BEACH FL 33144	D	PUESTES, JUAN	6422 COLLINS AVE	MIAMI BCH FL 33144

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)