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2002-UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

05-06-2002 90242 007 ****61.25

DOCUMENT # N95000003635

1. Entity Name

FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

-- 40178



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6422 COLLINS AVE MIAMI BEACH FL 33140 US	Mailing Address 4431 SW 64TH AVE 113 DAVIE FL 33314
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0628532	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: *Phillip Eiswiger* **ATR Dennis [Signature]**
 Street Address (P.O. Box Number is Not Acceptable): *Presidential Circle Ste 265 Eiswiger*
4400 Kellywood Blvd
 City: *Kellywood FL* Zip Code: *33021*

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]* DATE: *7/22/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<input checked="" type="checkbox"/> FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> VILLATE, NAYRA 6422 COLLINS AVE MIAMI BEACH FL 33144 <i>* Change *</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD RAMON, OSVALDO 6422 COLLINS AVE #1103 MIAMI BEACH FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VPD MARTINEZ, JOSE 6422 COLLINS AVE MIAMI BEACH FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete STD TRUXELL, MARIA 6422 COLLINS AVE MIAMI BEACH FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D PUENTES, JUAN 6422 COLLINS AVE MIAMI BEACH FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary</i> MAYELA Mueller 6422 Collins Ave MB, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Treasurer</i> SARA-ROJAS 6422 Collins Ave MB, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>VICE-PRESIDENT</i> WILLIAM THOMAS 6422 Collins Ave MB, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i> RICHARD CAMBRIGHT 6422 Collins Ave M.B., FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: *7/11/02* DAYTIME PHONE: *(305) 673-7000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)