

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90149 008 ****61.25

DOCUMENT # N95000003635

1. Entity Name

FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**6422 COLLINS AVE
MIAMI BEACH FL 33140
US**

Mailing Address

**4431 SW 64TH AVE
113
DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

7900 NW 155 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

City & State

Miami Lakes, Florida

Zip

Country

Zip

33016

Country

Florida

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISINGER, PHILLIP

ATTN: DENNIS EISINGER

4000 HOLLYWOOD BLVD, PRES. CIR STE 265

HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	VILLATE, NAYRA	
STREET ADDRESS	6422 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUELLER, MAYELA	
STREET ADDRESS	642 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIAM	
STREET ADDRESS	6422 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROJAS, SARA	
STREET ADDRESS	6422 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBRIHR, RICHARD	
STREET ADDRESS	6422 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED*

CR2E037 (10/02)