

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90299 033 \*\*\*\*61.25

**DOCUMENT # N95000005615**

1. Entity Name

**CLEARVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2829 INDIAN CREEK DRIVE  
 MIAMI BEACH FL 33140

Mailing Address

2829 INDIAN CREEK DRIVE  
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0653302

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROPERTY MANAGEMENT SERVICES CORP.**  
**8299 CORAL WAY**  
**MIAMI FL 33155**

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	<input type="checkbox"/> Delete
P	SALAZAR, HARTA	2829 INDIAN CREEK DR #811	MIAMI BEACH FL 33140	<input type="checkbox"/>
T	QUINCOSES, GEORGE	2829 INDIAN CREEK DRIVE, SUITE 402	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
VP	HARTINEZ, ALBERTO	2829 INDIAN CREEK DR #702	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
S	CASTELLANOS, ISABEL	2829 INDIAN CREEK DR #810	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
D	BLAS, JUAN	2829 INDIAN CREEK DR #1110	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
D	MACHADO, ANTHONY	2829 INDIAN CREEK DR #1408	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	BETANCOURT, ENRIQUE	2829 INDIAN CREEK DR., PH-1	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	FLORES, ELIO	2829 INDIAN CREEK DR. # 611	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	TORO, JOSE	2829 INDIAN CREEK DR # 602	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARTINEZ, ALBERTO	2829 INDIAN CREEK DR # 702	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CALONINO, JOSEPH	2829 INDIAN CREEK DR. #802	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:** *Marta Salazar* **MARTA SALAZAR** 2/16/01 (305) 532-1034  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)