

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90044 007 \*\*\*\*61.25

DOCUMENT # 715574

1. Entity Name

ADMIRAL TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

MANAGEMENT INC.

SW 142 S.W.

FL 33186

MIAMI MANAGEMENT INC.

14275 SW 142 S.W.

MIAMI FL 33186

0 1 1 0 1 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1280325

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CLEMONS, BRETT  
1020 MERIDIAN AVE.  
#613  
MIAMI BEACH FL 33139

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

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | T                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CLEMONS, BRETT          |  |
| STREET ADDRESS | 1020 MERIDIAN AVE.      |  |
| CITY-ST-ZIP    | MIAMI BEACH FL          |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SUSSKIND, ILYSE         |  |
| STREET ADDRESS | 1020 MERIDIAN AVE       |  |
| CITY-ST-ZIP    | MIAMI BEACH FL          |  |
| TITLE          | SD                      | <input type="checkbox"/> Delete            |
| NAME           | BLOCH, LARRY            |  |
| STREET ADDRESS | 1020 MERIDIAN AVE.      |  |
| CITY-ST-ZIP    | MIAMI BEACH FL          |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | CLEMONS, BRETT          |  |
| STREET ADDRESS | 1020 MERIDIAN AVE. #613 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139    |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DINKINS, ROBERT        |  |
| STREET ADDRESS | 1020 MERIDIAN AVE #914 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139   |  |
| TITLE          | TO                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CUNIEL, ANTONIO        |  |
| STREET ADDRESS | 1020 MERIDIAN AVE #914 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139   |  |
| TITLE          | VP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PARSON, JOHN           |  |
| STREET ADDRESS | 1020 MERIDIAN AVE #507 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139   |  |
| TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LAMBERT, GREGG         |  |
| STREET ADDRESS | 1020 MERIDIAN AVE #413 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139   |  |
| 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    |                        |  |

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 (9/99)