

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725547

1. Entity Name

FOUNTAIN TOWERS CONDOMINIUM, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90204 007 ****70.00

Principal Place of Business 7118 BONITA DRIVE APT. 204 MIAMI BEACH FL 33141	Mailing Address FOUNTAIN TOWERS CONDO ASSOC 7118 BONITA DR #204 MIAMI BEACH FL 33141-3004
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1579491		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, RAFAEL 7118 BONITA DR., APT. 804 MIAMI BEACH FL 33141	7. Name and Address of New Registered Agent Name PAULO LEITE Street Address (P.O. Box Number is Not Acceptable) 7118 BONITA DRIVE APT. 903 City MIAMI BEACH FL 33141
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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	PAULO LEITE (DIRECTOR)	4/18/00
Signature, typed or printed name of registered agent and title if applicable.		DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RAFAEL 7118 BONITA DR, SUITE 804 MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULO LEITE 7118 BONITA DRIVE, SUITE 903 MIAMI BEACH, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDOLFO, GILBERT 7118 BONITA DR, SUITE 302 MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELPIDIO ESPINOSA 7118 BONITA DRIVE, SUITE 205 MIAMI BEACH, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORZHEMSKAYA, LARISA 7118 BONITA DR 301 MIAMI BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELIAS BATULE 7118 BONITA DRIVE, SUITE 703 MIAMI BEACH, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALAS, JOHN 5600 SW 92 AVE MIAMI BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELIA HERRERA 7118 BONITA DRIVE, SUITE 303 MIAMI BEACH, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, OCTAVIO 7118 BONITA DR 203 MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINA MARTINEZ 7118 BONITA DRIVE, SUITE 805 MIAMI BEACH, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, MARIA 7118 BONITA DR #201 MIAMI BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK GALLO 7118 BONITA DRIVE, SUITE 305 MIAMI BEACH, FL. 33141 <input checked="" 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:	PAULO LEITE	4/18/00	(305) 865-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CRE037 (9/99)