

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730478

1. Entity Name

TOWER 1800 CONDOMINIUM, INC.

Principal Place of Business

1800 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address

1800 COLLINS AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1706911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ARMANDO
1800 COLLINS AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME P
STREET ADDRESS ALVAREZ, ARMANDO
CITY-ST-ZIP 1800 COLLINS AVE/APT 10E
MIAMI BEACH FL

TITLE ☒ Delete

NAME T
STREET ADDRESS VALLE, JULIA
CITY-ST-ZIP 1800 COLLINS AVE/APT 12F
MIAMI BEACH FL

TITLE ☐ Delete

NAME S
STREET ADDRESS DEL SOL, ENEIRA
CITY-ST-ZIP 1800 COLLINS AVE-APT 11D
MIAMI BCH. FL

TITLE ☒ Delete

NAME VP
STREET ADDRESS FIGUEROA, RAUL
CITY-ST-ZIP 1800 COLLINS AVE-APT 6F
MIAMI BCH. FL

TITLE ☐ Delete

NAME D
STREET ADDRESS SALGUEIRO, MANUEL
CITY-ST-ZIP 1800 COLLINS AVE APT 4J
MIAMI BCH. FL

TITLE ☒ Delete

NAME D
STREET ADDRESS ALVAREZ, MARIO
CITY-ST-ZIP 1800 COLLINS AVE, #6C
MIAMI BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME T
STREET ADDRESS Raul Figueroa
CITY-ST-ZIP 1800 Collins Ave. Apt. 6F
Miami Beach FL 33139

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS Ramon Carro
CITY-ST-ZIP 1300 Collins Ave, Apt 5C
Miami Beach FL 33139

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2001 (305) 534-6660

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE