

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90125 047 \*\*\*\*61.25

**DOCUMENT # 757203**

1. Entity Name

**SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

900 W 49 ST  
 STE 220  
 HIALEAH FL 33012

900 W 49 ST  
 STE 220  
 HIALEAH FL 33012  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2168542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DELATORRE, CLEMENTE J**  
**900 W 49 ST**  
**STE 220**  
**HIALEAH FL 33012**

Name

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

City

**FL**

Zip Code

I, 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

**1/18/2002**

**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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **FERNANDEZ, REINA**  
 CITY-ST-ZIP **685 MILLER DR 302 E**  
**MIAMI SPGS. FL 33166**

TITLE ☐ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **PARDON, PAUL**  
 CITY-ST-ZIP **685 MILLER DR #402 E**  
**MIAMI SPRINGS, FL 33166**

TITLE ☒ Delete  
 NAME **DE LA PAZ, JAVIER**  
 STREET ADDRESS **685 MILLER DR 405 E**  
 CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **PARDON, PAUL**  
 CITY-ST-ZIP **685 MILLER DR #402 E**  
**MIAMI SPRINGS, FL 33166**

TITLE ☒ Delete  
 NAME **OPINELLI, ESTHER**  
 STREET ADDRESS **685 MILLER DR 308 E**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **GALLET, AILEEN**  
 CITY-ST-ZIP **685 MILLER DR FL #203 E**  
**MIAMI SPRINGS, FL 33166**

TITLE ☒ Delete  
 NAME **MARCHENA, CONSUELA**  
 STREET ADDRESS **680 MILLER DR 308 W**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☒ Change ☒ Addition  
 NAME **S/D**  
 STREET ADDRESS **PEREZ, MARINA**  
 CITY-ST-ZIP **685 MILLER DR #204 E**  
**MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **D/D**  
 STREET ADDRESS **CLARK, DIANE**  
 CITY-ST-ZIP **685 MILLER DRIVE #207 E**  
**MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ 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)(f), 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2002**

Date

Daytime Phone #

CR2E037 (9/01)