

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710497

1. Entity Name

LONDON TOWER CONDOMINIUM, INC.

Principal Place of Business

9381 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

Mailing Address

9381 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

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

59-1144872

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

GOLDBERG, LOUISE L
9381 E BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

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	PD	<input type="checkbox"/> Delete
NAME	NEEDLE, GILBERT	
STREET ADDRESS	9381 E BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	COBO	<input checked="" type="checkbox"/> Delete
NAME	FOX, STEVE	
STREET ADDRESS	9395 E BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	S D	<input type="checkbox"/> Delete
NAME	SNIDER, KATHY	
STREET ADDRESS	9381 E BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, HECTOR	
STREET ADDRESS	9381 E. BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR IS. FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDBERG, LOUISE L	
STREET ADDRESS	9381 E. BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR IS. FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DAVE President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSKY, TOMAS	
STREET ADDRESS	9381 E Bay Harbor Drive	
CITY-ST-ZIP	Bay Harbor Isl. FL 33154	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIPKIN, Bernice	
STREET ADDRESS	9381 E Bay Harbor Dr	
CITY-ST-ZIP	Bay Harbor Isl FL 33154	
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		
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 #

FILED
May 24, 2002 8:00 am
Secretary of State

03-31-2002 90336 034 ****61.25

29052



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)