

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90017 020 \*\*\*\*70.00

**DOCUMENT # 716152**

1. Entity Name  
**910 JEFFERSON TOWERS, INC., A CONDOMINIUM**

Principal Place of Business      Mailing Address  
**910 JEFFERSON AVE.**  
**MIAMI BEACH, FL 33139**

2. Principal Place of Business      3. Mailing Address  
**910 JEFFERSON AVENUE**      **910 JEFFERSON AVENUE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**APT. 2-B**      **APT. 2-B**

City & State      City & State  
**MIAMI BEACH, FL.**      **MIAMI BEACH, FL**

Zip      Country      Zip      Country  
**33139**      **US**      **33139**      **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number       Applied For  
**59-2040665**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**WASSERMAN, RITA**  
**910 JEFFERSON AVE. # 3A**  
**MIAMI BEACH, FL. 33139**

Name: **TORRES, JESUS E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**910 JEFFERSON AVENUE**  
**APT. 2-B**  
 City: **MIAMI BEACH**      FL      Zip Code: **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: *Jesus E. Torres*      **JESUS E. TORRES - PRES.**      **06-30-00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW**      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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WASSERMAN, RITA</b> <b>910 JEFFERSON AVE.</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TORRES, JESUS E.</b> <b>910 JEFFERSON AVE. #2-B</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTERO, PAUL</b> <b>910 JEFFERSON AVE.</b> <b>MIAMI BEACH, FL. 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARCIA, DANIEL</b> <b>910 JEFFERSON AVE. #2-C</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WEAGER, RACHEL</b> <b>910 JEFFERSON AVE.</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WEAGER, RACHEL</b> <b>910 JEFFERSON AVE. #5-D</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VASILVICH, ADELA</b> <b>910 JEFFERSON AVE.</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LECOURS, CAROLINA</b> <b>910 JEFFERSON AVE. #5-E</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LECOURS, CAROLINA</b> <b>910 JEFFERSON AVE.</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>VASILVICH, ADELA</b> <b>910 JEFFERSON AVE. #4-E</b> <b>MIAMI BEACH, FL. 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied in 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: *Jesus E. Torres*      **JESUS E. TORRES - PRES.**      **06-30-00**      **205-539-0042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)