
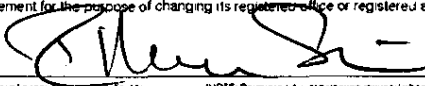
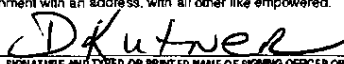


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90112 017 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

1UUB7559

DOCUMENT # 716152			
1. Entity Name 910 JEFFERSON TOWERS, INC., A CONDOMINIUM			
Principal Place of Business 910 JEFFERSON AVENUE MIAMI BEACH, FL 33139		Mailing Address 7300 BISCAYNE BLVD #206 MIAMI, FL 33138	
2. Principal Place of Business 723 14th PL STE #9		3. Mailing Address CA BLUE SKY 723 14th PL STE #9	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33139		Zip 33139	
Country		Country	
4. FEI Number 59-2040665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Additional Fee Required \$6.75	
6. Name and Address of Current Registered Agent SHEINER, MAXWELL 7300 BISCAYNE BLVD 206 MIAMI, FL 33138		7. Name and Address of New Registered Agent BLUE SKY REAL ESTATE MANAGEMENT, INC 723 14th PL MIAMI BEACH FL STE #9 FL 33139	
B. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/6/03	
FILE NOW. FEE IS \$6125		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, DANIEL 910 JEFFERSON AVE., #2-C MIAMI BCH, FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTNER, DAVID 910 JEFFERSON AVE., #3-B MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LECOEUR, CAROLINA 910 JEFFERSON AVE., #5-E MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFREDO 120 NE 25th St MIAMI, FL 33137	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTERO, PAM L 1717 N Bayshore Dr Apt 1457 MIAMI, FL 33132	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input 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)(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: 		DATE: 4-6-03	

CFR2037 (10/02)