

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2002 90055 039 ****61.25

DOCUMENT # 718423

1. Entity Name

CENTURY TOWERS SOCIAL CLUB, INC.

Principal Place of Business

100 KINGS PT DR. ~~1809~~ 1809
 NORTH MIAMI BEACH FL 33160
 US

Mailing Address

100 KINGS POINT DR
 STE ~~1809~~ 1809
 NORTH MIAMI BEACH FL 33160
 US

2. Principal Place of Business

100 KINGS POINT DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

1809

Suite, Apt. #, etc.

1809

City & State

N. MIAMI BEACH

City & State

N. MIAMI BEACH

Zip

33160

Country

U.S.

Zip

33160

Country

U.S.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LITTELMAN, NADINE
 100 KINGS PT DR
 STE 302
 N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name **JOHN MUCCIOLLO**

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

100 KINGS POINT DRIVE

APT. 1809

City

N. MIAMI BEACH

FL

Zip Code

33160

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

John Mucciolo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-7-02

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** ☐ Delete
 NAME **LITTELMAN, NADINE**
 STREET ADDRESS **100 KINGS POINT DRIVE**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **DT** ☐ Delete
 NAME **LUBIN, ROSE**
 STREET ADDRESS **100 KINGS POINT DR STE 1212**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **VD** ☐ Delete
 NAME **SOLOMON, SALLY**
 STREET ADDRESS **100 KINGS POINT DR STE 904**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **T *** ☐ Delete
 NAME **MUCCIOLLO, JOHN**
 STREET ADDRESS **100 KINGS PT DR**
 CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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)(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:

John Mucciolo **JOHN MUCCIOLLO**

2/7/02

305-945-9308

CR2E037 (9/01)