

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90211 025 \*\*\*\*61.25

**DOCUMENT # 718423**

1. Entity Name

**CENTURY TOWERS SOCIAL CLUB, INC.**



Principal Place of Business

**100 KINGS POINT DRIVE  
1809  
NORTH MIAMI BEACH FL 33160  
US**

Mailing Address

**100 KINGS POINT DRIVE  
1809  
NORTH MIAMI BEACH FL 33160  
US**

2. Principal Place of Business

**100 KINGS POINT DRIVE  
Suite, Apt. #, etc.  
1809**

3. Mailing Address

**SAME  
Suite, Apt. #, etc.  
SAME**

City & State

**Sunny Isles FL**

City & State

**SAME**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33160**

Country

**USA**

Zip

**SAME**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**MUCCIOLO, JOHN  
100 KINGS POINT DRIVE  
APT 1809  
N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

**JOHN MUCCIOLO**

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

**100 KINGS POINT DR.**

**#1809**

City

**Sunny Isles**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-17-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LITTMAN, NADINE 100 KINGS POINT DRIVE N. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LUBIN, ROSE 100 KINGS POINT DR STE 1212 N. MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOLOMON, SALLY 100 KINGS POINT DR STE 904 N. MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MUCCIOLO, JOHN 100 KINGS PT DR N MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 REQUIRED**

**1-17-03 305-945-9308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/02)