

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/18/01

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

01-18-2001 90017 031 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                     |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 718503</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                     |                                                                              |
| <b>1. Entity Name</b><br>OXFORD TOWERS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                     |                                                                              |
| <b>Principal Place of Business</b><br>1501 SOUTH OCEAN DRIVE<br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | <b>Mailing Address</b><br>1501 SOUTH OCEAN DRIVE<br>HOLLYWOOD FL 33019                                                                                              |                                                                              |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                                                    |                                                                              |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | <b>City &amp; State</b>                                                                                                                                             |                                                                              |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Country</b>                             | <b>Zip</b>                                                                                                                                                          | <b>Country</b>                                                               |
| <b>6. Name and Address of Current Registered Agent</b><br>CACCESE, ANGELO<br>1501 S OCEAN DR<br>#202<br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                     |                                                                              |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                                                     |                                                                              |
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                       |                                                                              |
| <b>Make Check Payable to Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                     |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                        |                                                                              |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>CACCESE, ANGELO<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR #202<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>PRESIDENT<br><b>NAME</b><br>DAVID KLAHR D<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR 1206<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>KLAHR, DAVID<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR #1206<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>VICE PRESIDENT<br><b>NAME</b><br>WARREN BREMER D<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR PH4<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>DIBONA, DENNIS<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR #1403<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>SECRETARY<br><b>NAME</b><br>ELENY CHARLES D<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR 401<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>BALIN, LILA<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR #1003<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>TREAS.<br><b>NAME</b><br>ANGELO CACCESE D<br><b>STREET ADDRESS</b><br>1501 S OCEAN DR 202<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD FL 33019               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>_____<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete            | <b>TITLE</b><br>_____<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>_____<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete            | <b>TITLE</b><br>_____<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |                                            |                                                                                                                                                                     |                                                                              |
| <b>SIGNATURE:</b> <i>ANGELO CACCESE</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Date: <i>1/8/01</i> Daytime Phone #: <i>954 927 0242</i>                                                                                                            |                                                                              |

CR2E037 (10/00)