

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720299

1. Entity Name

BELLE TOWERS CONDOMINIUM, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90030 040 \*\*\*\*70.00

Principal Place of Business

16 ISLAND AVE  
MIAMI BEACH FL 33139

Mailing Address

16 ISLAND AVE  
MIAMI BEACH FLA 33139-1353

2. Principal Place of Business

Miami Beach, FL

3. Mailing Address

16 Island Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

4. FEI Number

59-1346862

Applied For

Not Applicable

Zip

Country

Zip

33139

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, JACK A.  
16 ISLAND AVENUE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Jorge Romanach

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

16 Island Ave apt. 6C  
Miami Beach

City

FL

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

*Jorge Romanach*

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

(NOTE: Registered Agent signature required when reinstating)

1/19/00

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 D	<input checked="" type="checkbox"/> Delete
NAME	HARTLEY, JACK A.	change
STREET ADDRESS	16 ISLAND AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEFCOURT, SIDNEY	
STREET ADDRESS	16 ISLAND AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, IRVING	
STREET ADDRESS	16 ISLAND AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VD V.D.	<input type="checkbox"/> Delete
NAME	NECKMAN, STEVEN	change
STREET ADDRESS	16 ISLAND AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD Jorge Romanach PD	<input type="checkbox"/> Delete
NAME	16 Island Ave	
STREET ADDRESS	Miami Beach, FL 33139	
CITY-ST-ZIP		
TITLE	S.D.	<input type="checkbox"/> Delete
NAME	Tracy Sherman	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Liebman	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Sherman	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Romanach	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neckman, Steven	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Hartley	
STREET ADDRESS	16 Island Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jorge Romanach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 305-372-4760

Date

Daytime Phone #