

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721839

1. Entity Name

EMBASSY TOWER II, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90220 009 ****61.25

Principal Place of Business	Mailing Address
2715 N. OCEAN BLVD. FT LAUDERDALE FL 33308	2715 N. OCEAN BLVD. FT LAUDERDALE FL 33308-7576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1457703	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
 6261 N.W. 6TH WAY, SUITE 103
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D <input type="checkbox"/> Delete
NAME	COWAN, ALEX
STREET ADDRESS	24321 BERKLEY
CITY-ST-ZIP	OAK PARK MI 48237
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	MONTESDEOCA, RAMIRO
STREET ADDRESS	2715 N OCEAN BLVD., #14-E
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CARDELLA, JOSEPH
STREET ADDRESS	400 N MYERS ST., #18
CITY-ST-ZIP	OCEANSIDE CA 92054
TITLE	STD <input type="checkbox"/> Delete
NAME	CLARK, ANN H
STREET ADDRESS	2715 N OCEAN BLVD., #14-C
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	D <input type="checkbox"/> Delete
NAME	RENNIE, ALPHONSO
STREET ADDRESS	NELLIE HILL
CITY-ST-ZIP	DOVER PLAINS NY
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	MOSS, JOEL W
STREET ADDRESS	2715 N OCEAN BLVD., #18-C
CITY-ST-ZIP	FT. LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruni Wenter
STREET ADDRESS	2715 N. Ocean Blvd., #12-A
CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Urich
STREET ADDRESS	2715 N. Ocean Blvd., #4-E
CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	ASTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Wells
STREET ADDRESS	2715 N. Ocean Blvd., #4-D
CITY-ST-ZIP	Ft. Lauderdale FL 33308

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 67, 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. (954)

SIGNATURE: Alex Cowan, President, Board of Directors Apr. 5, 2000 564-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)