

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0045808

03-05-2001 90005 040 \*\*\*\*61.25

**DOCUMENT # 721839**

1. Entity Name

**EMBASSY TOWER II, INC.**

Principal Place of Business

2715 N. OCEAN BLVD.  
 FT LAUDERDALE FL 33308

Mailing Address

2715 N. OCEAN BLVD.  
 FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1457703**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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 **LOUISE E. TUDZAROV**  
 Street Address (P.O. Box Number is Not Acceptable)  
**345 W. OAKLAND PK. BLVD.**  
 City **FORT LAUDERDALE** FL Zip Code **33311**

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 *Louise E Tudzarov* DATE *03/01/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COWAN, ALEX	
STREET ADDRESS	24321 BERKLEY	
CITY-ST-ZIP	OAK PARK MI 48237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WENTER, BRUNI	
STREET ADDRESS	2715 N OCEAN BLVD., #12-A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	URICH, TED	
STREET ADDRESS	2715 N OCEAN BLVD., #4-E	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ANN H	
STREET ADDRESS	2715 N OCEAN BLVD., #14-C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	RENNIE, ALPHONSO	
STREET ADDRESS	NELLIE HILL	
CITY-ST-ZIP	DOVER PLAINS NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, BARRY	
STREET ADDRESS	2715 N OCEAN BLVD., #4-D	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIRO MONTESDEOCA	
STREET ADDRESS	2715 N. OCEAN BLVD #14E	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FRASENE	
STREET ADDRESS	2715 N. OCEAN BLVD. # 16A	
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 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: *ALEX COWAN, PRESIDENT* DATE: *2-28-01* DAYTIME PHONE #: *(954) 564-2166*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)