

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727234

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90048 035 \*\*\*\*61.25

1. Entity Name  
**TOWER FORTY ONE ASSOCIATION, INC.**

Principal Place of Business <b>4101 PINETREE DR          MIAMI BEACH FL 33140</b>	Mailing Address <b>4101 PINETREE DR          MIAMI BEACH FL 33140-3628</b>
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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 <b>59-1497018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HYMAN & KAPLAN P.A.  
 150 W FLAGLER ST  
 Y  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name  
**BECKER & POLIAKOFF, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5201 BLUE LAGOON DRIVE, Suite 100**  
 City  
**MIAMI** FL Zip Code  
**33126**

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: *Romanella Camara for Becker & Poliakoff, P.A.* 2/22/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T MEYER, ARNOLD 4141 PINE TREE DR, APT. 1821 MIAMI BCH FL 33140</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARFINKEL, HERBERT 4101 PINE TREE DR, APT. 901 MIAMI BCH FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALEX, PAUL 4101 PINE TREE DR, APT. 502 MIAMI BCH FL 33140</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GENET, EVELYN 4101 PINE TREE DR, APT. 1127 MIAMI BCH FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DINERSTEIN, MURRAY 4101 PINE TREE DR, APT. 1706 MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GORDN, ANDREW 4101 PINE TREE DR, APT. 709 MIAMI BEACH FL 33140</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES., DIR. JULIUS SAND 4101 PINETREE DRIVE, #829 MIAMI BEACH, FLORIDA 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS., DIR. [Blank]</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Blank]</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR. [Blank]</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P., DIR. [Blank]</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC., DIR. TUROFF, MITCHELL 4101 PINETREE DRIVE, #1027 MIAMI BEACH, FLORIDA 33140</b> <input type="checkbox"/> Change <input checked="" 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: *Romanella Camara* **ROMANELLA CAMARA** **GARFINKEL** 2/22/00 305 534-2378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)