

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90013 045 ****61.25

DOCUMENT # 730478

1. Entity Name

TOWER 1800 CONDOMINIUM, INC.

Principal Place of Business

**1800 COLLINS AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**1800 COLLINS AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1706911

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

7. Name and Address of New Registered Agent

**ALVAREZ, ARMANDO
 1800 COLLINS AVENUE
 MIAMI BEACH FL 33139**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **ALVAREZ, ARMANDO**
 STREET ADDRESS **1800 COLLINS AVE/APT 10E**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **VALLE, JULIA**
 STREET ADDRESS **1800 COLLINS AVE/APT 12F**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **DEL SOL, ENEIRA**
 STREET ADDRESS **1800 COLLINS AVE-APT 11D**
 CITY-ST-ZIP **MIAMI BCH. FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **FIGUEROA, RAUL**
 STREET ADDRESS **1800 COLLINS AVE-APT 6F**
 CITY-ST-ZIP **MIAMI BCH. FL**

TITLE ☒ Change ☐ Addition
 NAME **Raul Figueroa**
 STREET ADDRESS **1800 Collins Ave. Apt. 6F**
 CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **D** ☐ Delete
 NAME **SALGUEIRO, MANUEL**
 STREET ADDRESS **1800 COLLINS AVE APT 4J**
 CITY-ST-ZIP **MIAMI BCH. FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ALVAREZ, MARIO**
 STREET ADDRESS **1800 COLLINS AVE, #6C**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ Change ☒ Addition
 NAME **Ramon Carro**
 STREET ADDRESS **1300 Collins Ave, Apt 5C**
 CITY-ST-ZIP **Miami Beach FL 33139**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2001 (305) 534-6660

Date

Daytime Phone #

CR2E037 (10/00)