

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757985

1. Entity Name

HOLLYWOOD BEACH TOWER ASSOCIATION, INC.

Principal Place of Business

301 HARRISON STREET
HOLLYWOOD FL 33019-1721

Mailing Address

301 HARRISON STREET
HOLLYWOOD FL 33019-1721

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

59-2314286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW R.
DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS ST.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

2035 Harding Street Suite 200

City

Hollywood

FL

Zip Code
33020

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 *Andrew R. Meyrowitz* Andrew R. Meyrowitz (Registered Agent)

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 SD
NAME OTTINO, J.P., III ☐ Delete
STREET ADDRESS 3015 N OCEAN BLVD STE 115
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD
NAME SAURO, JOSEPH ☐ Delete
STREET ADDRESS 697 NW 129TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE T
NAME LEVINE, MAE ☐ Delete
STREET ADDRESS 13383 PINEAPPLE PALM A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D
NAME AMZAND, EDWARD ☐ Delete
STREET ADDRESS 12471 SE 16TH LANE
CITY-ST-ZIP MORRISTON FL 32668

TITLE D
NAME BRUNELL, DAVID ☒ Delete
STREET ADDRESS 23371 BLUE WATER CIR APT C412
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME LEVINE, MAE
STREET ADDRESS 13383 PINEAPPLE PALM A
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☐ Change ☒ Addition
NAME RALPH AVERY
STREET ADDRESS 7601 N. FEDERAL HWY. SUITE 125
CITY-ST-ZIP BOCA RATON, FL. 33487

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

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

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

TITLE ☐ Change ☐ 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: *MAE LEVINE* MAE LEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 920-5133

Date Daytime Phone #

CR2E037 (10/00)