2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State **DOCUMENT # 757985** 1. Entity Name 01-23-2002 90042 043 ****61.25 HOLLYWOOD BEACH TOWER ASSOCIATION, INC. Mailing Address Principal Place of Business 301 HARRISON STREET 301 HARRISON STREET HOLLYWOOD FL 33019-1721 HOLLYWOOD FL 33019-1721 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2314286 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEYROWITZ, ANDREW R. DEVELOPMENT CONSULTANTS, INC. 2035 HARDING STREET STE 200 Zip Code HOLLYWOOD FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change SD TITLE TITLE Delete NAME OTTINO, J.P., III NAME STREET ADDRESS STREET ADDRESS 3015 N OCEAN BLVD STE 115 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition TITLE □ Delete TITLE SAURO, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 697 NW 129TH WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Change Addition ☐ Delete TITLE TITLE LEVINE. MAE NAME NAME 13383 PINEAPPLE PALM A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Addition TITLE ☐ Change ☐ Delete TITLE amzand, edward NAME NAME STREET ADDRESS 12471 SE 16TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL 32668 ☐ Addition PD □ Change Delete TITLE TITLE LEVINE, MAE NAME NAME 13383 PINEAPPLE PALM A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** Change ☐ Addition TITLE Delete TITLE AVERY, RALPH NAME STREET ADDRESS STREET ADDRESS 7601 N FEDERAL HWY STE 125 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487**

FILED

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:

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