

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770884

1. Entity Name

TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90065 008 \*\*\*\*61.25

Principal Place of Business

8095 N.W. 8TH STREET  
 MIAMI FL 33126  
 US

Mailing Address

C/O PENINSULA REAL ESTATE, INC.  
 2026 S.W. 1 ST. #6  
 MIAMI FL 33135

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

59-2701754

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLOS DE LA RIONDA  
 C/O PENINSULA REAL ESTATE, INC.  
 2026 S.W. 1 ST, #6  
 MIAMI FL 33135

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DP  
 PICADO, JUAN  
 8095 NW 8TH STREET #108  
 MIAMI FL 33126

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DV  
 CANDEAU, PEDRO JESUS  
 8095 NW 8TH STREET #106  
 MIAMI FL 33126

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DV  
 DOMINGUEZ, JANEIRO  
 8095 N.W. 8TH STREET #409  
 MIAMI FL 33126

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DT  
 ABREU, ADABEU  
 8095 N.W. 8 ST., #402  
 MIAMI FL 33126

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DS  
 SAAVEDRA, ALICIA  
 8095 N.W. 8 STREET, #315  
 MIAMI FL 33126

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/18/2000

Date

305-642-5223

Daytime Phone #

CR2E037 (9/99)