

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90371 033 ****61.25

DOCUMENT # 770884

1. Entity Name

TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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	DP PICADO, JUAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8095 NW 8TH STREET #108	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DV CANDEAU, PEDRO JESUS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8095 NW 8TH STREET #108	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DV DOMINGUEZ, JANEIRO	<input type="checkbox"/> Delete
STREET ADDRESS	8095 N.W. 8TH STREET #409	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DT ABREU, ADABEU	<input type="checkbox"/> Delete
STREET ADDRESS	8095 N.W. 8 ST., #402	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DS SAAVEDRA, ALICIA	<input type="checkbox"/> Delete
STREET ADDRESS	8095 N.W. 8 STREET, #315	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Director/Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ANGEL JESUS RODRIGUEZ	
CITY-ST-ZIP	8095 NW 8 ST. #407	
	MIAMI, Florida 33126	
TITLE NAME	Director J.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ELIZABETH DAVIDSON	
CITY-ST-ZIP	8095 NW. 8 Street #114	
	Miami Fl. 33126	
TITLE NAME	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAAVEDRA ALICIA

President

Date

Daytime Phone #

8/5/2001

CR2E037 (10/00)