

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90154 009 ****61.25

DOCUMENT # 770884

1. Entity Name
TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

8095 N.W. 8TH STREET **C/O PENINSULA REAL ESTATE, INC.**
MIAMI FL 33126 **2026 S.W. 1 ST. #6**
US **MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

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 Applied For

59-2701754 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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 NAME	DVP RODRIGUEZ, ANGEL JESUS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8095 NW 8TH STREET #407	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DVP DAVIDSON, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	8095 NW 8TH STREET #114	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DT DOMINGUEZ, JANEIRO	<input type="checkbox"/> Delete
STREET ADDRESS	8095 N.W. 8TH STREET #409	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DS ABREU, ADABEU	<input type="checkbox"/> Delete
STREET ADDRESS	8095 N.W. 8 ST., #402	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	DP 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D.V.P. TORCEDO, FELIX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8095 N.W. 8 ST. #401	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME		<input 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		
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: JANEIRO DOMINGUEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/1/2002 Daytime Phone #: 305-642-5223

CR2E037 (9/01)