

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004436 AF

DOCUMENT # L96000000714

1. Entity Name  
WW TOWER, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 16 AM 10:34

*mf 31a2100*

Principal Place of Business  
2701 NW 107TH AV  
#201  
MIAMI FL 33172

Mailing Address  
2701 NW 107TH AV  
#201  
MIAMI FL 33172-2128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
15851 SW 41 STREET

3. Mailing Address  
PO BOX 266410

Suite, Apt. #, etc.  
SUITE 500

Suite, Apt. #, etc.

City & State  
WESTON FL

City & State  
WESTON FL

Zip  
33331

Country  
USA

Zip  
33326

Country  
USA

4. FEI Number  
65-0701823

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SEVIN, NORMAN M  
2550 DOUGLAS ROAD STE 300-A  
CORAL GABLES FL 33134

## 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 signature required when reinstating)

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
NUCCI, AUGUSTO  
3767 PINES LAKES DRIVE WINDMILL LAKE ESTAT  
FT LAUDERDALE FL 33332

☐ Delete

## 10. ADDITIONS / CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

7000003188877  
-03/29/00--01872  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/10/2000 (954) 217.2980

Date Daytime Phone #

CR2E083 (9/99)