

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001332

1. Entity Name<sup>1</sup>

THE ROADS TOWER CONDOMINIUM ASSOCIATION, INC.

FILED

May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90101 044 \*\*\*\*61.25

0072797

Principal Place of Business

Mailing Address

100 N. BISCAYNE BLVD.  
SUITE 1407  
MIAMI FL 33132

100 N. BISCAYNE BLVD.  
SUITE 1407  
MIAMI FL 33132

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

65-1096197 **APPLIED FOR**

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

LAND DEVELOPERS S.A., USA INC  
100 N BISCAYNE BLVD  
SUITE 140  
MIAMI FL 33132

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  
PSTD  
MOLINARI, CARLOS JUAN  
100 N. BISCAYNE BLVD, STE 1407  
MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROLENC, ALICIA  
100 N. BISCAYNE BLVD, STE 1407  
MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MOLINARI, MARCIA  
100 N. BISCAYNE BLVD, STE 1407  
MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 of Carlos Molinari*  
SIGNATURE OF CARLOS MOLINARI MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/02

CR2E037 (9/01)