

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90080 010 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

2/31

DOCUMENT # N02000001140

1. Entity Name  
**RESIDENT COUNCIL REBECCA TOWERS SOUTH, INC.**



55014603

Principal Place of Business  
**150 ALTON ROAD**  
**MIAMI BEACH FL 33139**

Mailing Address  
**150 ALTON ROAD**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

04-3894668

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BARISC, JOSEPH**  
**1521 ALTON ROAD**  
**SUITE 111**  
**MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when relocating)

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  
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **Director** ☐ Delete  
 NAME **LOPEZ, ROSALIA**  
 STREET ADDRESS **150 ALTON ROAD, #1500**  
 CITY-STATE-ZIP **MIAMI BEACH FL 33139**

TITLE **Director** ☐ Delete  
 NAME **NODAL, GERARDO DANIEL**  
 STREET ADDRESS **150 ALTON ROAD, #803**  
 CITY-STATE-ZIP **MIAMI BEACH FL 33139**

TITLE **Director** ☐ Delete  
 NAME **VALDES, HILDA**  
 STREET ADDRESS **150 ALTON ROAD, #1210**  
 CITY-STATE-ZIP **MIAMI BEACH FL 33139**

TITLE **Director** ☒ Delete  
 NAME **BOYDES, RAUL**  
 STREET ADDRESS **150 ALTON ROAD, #705**  
 CITY-STATE-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS **150 ALTON RD -1006**  
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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 NAME  
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 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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

1/16/03

CR2007 (10/02)