

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36127

1. Entity Name

WARD TOWERS TENANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2200 NW 54 STREET  
STE #809  
MIAMI FL 33142  
US

2200 NW 54 STREET  
STE #809  
MIAMI FL 33142  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, MONICA  
1401 N.W. 7 ST BLDG F  
MIAMI FL 33142

Name

Kendra Smith-Ivory

Street Address (P.O. Box Number is Not Acceptable)

6304 N.W. 14 Ave  
Liberty Square

City

Miami

FL

Zip Code

33147

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

Kendra Smith-Ivory

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

(NOTE: Registered Agent signature required when reinstating)

3-26-02

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

TITLE	PMD	<input type="checkbox"/> Delete
NAME	THOMAS, GENEVA	
STREET ADDRESS	2200 NW 54 ST, #809	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	SHEPHERD, JOSEPHINE	
STREET ADDRESS	2200 NW 54 ST, #1010	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VMD	<input type="checkbox"/> Delete
NAME	WALKER, JAMES	
STREET ADDRESS	2200 N.W. 54TH ST., #1001	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, BERNICE	
STREET ADDRESS	2200 NW 54TH ST #611	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GENEVA	
STREET ADDRESS	2200 NW 54TH ST #809	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPHERD, JOSEPHINE	
STREET ADDRESS	2200 NW 54TH ST #1010	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	/	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Geneva Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

(305) 634-2390

FILED  
Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90557 001 \*\*\*\*\*8.75

04-03-2002 90557 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)