

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46710

1. Entity Name

THREE ROUND TOWERS RESIDENT ASSOCIATION, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90056 005 ****70.00

Principal Place of Business

2800 NW 18 AVE
MALCOLM ROSS CENTER
MIAMI FL 33142
US

Mailing Address

2870 NW 18 AVENUE
APT. 8-C
MIAMI FL 33142

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

65-0327545

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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
DADE COUNTY HUD
MIAMI FL 33125

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	D ECHEVARRIA, JOSE A. 2870 NW 18 AVE.,#8C MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINARES, EVELIO 2940 NW 18 AVE #9H MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABINA, MIGUEL A. 2940 NW 18 AVE APT 3K MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANUEL CASTANEDA 2870 NW 18 AVE APT 2K MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CAMINAS, JULIO 2920 N.W. 18 AVE #2F MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ANGEL 2870 NW 18 AVE APT 5K MIAMI FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FERNANDO del Monte 2940 NW 18 AVE #3J MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Humberto Clavijo 2870 NW 18 AVE #3C MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
M EVELIO LINARES 2940 NW 18 AVE #9J MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Reinol HERNANDEZ 2920 NW 18 AVE #4J MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

305-644-5295

Date Daytime Phone #

CR2E037 (10/00)