

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90229 032 ****61.25

DOCUMENT # N93000003848

1. Entity Name

HARDING TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~6801 HARDING AVE
 APT #317
 MIAMI BEACH FL 33141
 US~~

~~6801 HARDING AVE
 APT #317
 MIAMI BEACH FL 33141
 US~~

2. Principal Place of Business

900 W. 49 ST.

3. Mailing Address

900 W. 49 ST

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

220

City & State

HALEAH, FL.

City & State

HALEAH, FL.

4. FEI Number

65-0488498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FRANCISCO, JOSE
 6801 HARDING AVE
 APT 317
 MIAMI BEACH FL 33141~~

7. Name and Address of New Registered Agent

Name **CLEMENTE J. DELATORRE**

Street Address (P.O. Box Number is Not Acceptable) **900 W. 49 ST. SUITE 220**

HALEAH, FL Zip Code **33012**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/2001

**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 **PD** Delete
 NAME **FRANCISCO, JOSE**
 STREET ADDRESS **6801 HARDING AVE. APT 317**
 CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SALMAN, EMILIO**
 STREET ADDRESS **4530 ALTON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~**SD**~~ Delete
 NAME ~~**POOR, ROZANA LAURA**~~
 STREET ADDRESS ~~**6801 HARDING AVENUE, #422**~~
 CITY-ST-ZIP ~~**MIAMI BCH FL 33141**~~

TITLE **SD** Change Addition
 NAME **JOSE, BLANCO**
 STREET ADDRESS **6801 HARDING AVE. UNIT #304**
 CITY-ST-ZIP **MIAMI BEACH, FL. 33141**

TITLE **D** Delete
 NAME **FERNANDEZ, LUIS A**
 STREET ADDRESS **6801 HARDING AVE 317**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **TORRES, ERNESTO**
 STREET ADDRESS **6801 HARDING AVENUE, #505**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **NION, MARIA**
 STREET ADDRESS **6801 HARDING AVE 412**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Change 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2001 (505) 821-7668
 Date Daytime Phone #

CR2E037 (10/00)