


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

**FILED**  
Feb 21, 2003 8:00 am  
Secretary of State

02-21-2003 90199 040 \*\*\*\*61.25

**DOCUMENT # N93000003848**

1. Entity Name  
**HARDING TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**900 WEST 49TH STREET  
HIALEAH FL 33012  
S**

Mailing Address  
**900 WEST 49TH STREET  
HIALEAH FL 33012  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

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

**DELATORRE, CLEMENTE J.  
900 WEST 49TH STREET SUITE 220  
HIALEAH FL 33012**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	FRANCISCO, JOSE	
STREET ADDRESS	6801 HARDING AVE. APT 317	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALMAN, EMILIO	
STREET ADDRESS	4530 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLANCO, JOSE	
STREET ADDRESS	6801 HARDING AVENUE UNIT 304	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS A	
STREET ADDRESS	6801 HARDING AVE 317	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TORRES, ERNESTO	
STREET ADDRESS	6801 HARDING AVENUE, #505	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PAEDES, ZENaida	
STREET ADDRESS	6801 HARDING AVE # 201	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

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: *Ernesto Torres* **ERNESTO TORRES** Vice-President 2-14-03 (305) 821-7668

CR2E037 (10/02)