

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003123

1. Entity Name

SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90473 048 ****61.25

Principal Place of Business 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180	Mailing Address 20803 BISCAYNE BLVD SUITE 103 AVENTURA FL 33180-1429
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0579504

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

**WOLFE, LEON J
100 SE SECOND ST
35TH FLOOR, INTERNATIONAL PLACE
MIAMI FL 33131**

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	DV	<input type="checkbox"/> Delete
NAME	BURRIS, DAVID	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	AVENTURA FL 33180	

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

TITLE	DVST	<input type="checkbox"/> Delete
NAME	BIRSIC, EDWARD	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, KATHY	
STREET ADDRESS	20803 BISCAYNE BLVD STE 103	
CITY-ST-ZIP	AVENTURA, FL 33180	

TITLE	DP	<input type="checkbox"/> Delete
NAME	TACHER, ROBERTA	
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	AVENTURA FL 33180	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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:

Kathy Whitehurst
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 (305) 935-0255
 Date Daytime Phone #

CR2E037 (9/99)