

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

0042233

05-04-2001 90036 012 ****61.25

DOCUMENT # N95000003012

Entity Name

SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATI

Principal Place of Business

17250 NE 19TH AVE.
 NORTH MIAMI BEACH FL 33162

Mailing Address

17250 NE 19TH AVE.
 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0752392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEB MANAGEMENT SERVICES, INC.
17250 NE 19TH AVE.
NORTH MIAMI BEACH FL 33162

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.

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

TITLE	PD	XXXXXXXXXX
NAME	SANCHEZ, MARIE	
STREET ADDRESS	9125 S.W. 77TH AVENUE, UNIT 407	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COLLIER, MARY ANN	
STREET ADDRESS	9125 S.W. 77TH AVENUE, UNIT 102	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	XXXXXXXXXX
NAME	CORTON, ANGELES	
STREET ADDRESS	9125 SW 77 AVENUE, UNIT 801	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	XXXXXXXXXX
NAME	RODRIGUEZ, MIGUEL	
STREET ADDRESS	9125 SW 77 AVENUE, UNIT 704	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Reed John	<input type="checkbox"/> Change	XXXXXXXXXX
NAME		9125 SW 77th Ave # A 708		
STREET ADDRESS		MIAMI FL. 33165		
CITY-ST-ZIP				
TITLE	VP	Sierra Elsa	<input type="checkbox"/> Change	XXXXXXXXXX
NAME		9125 SW 77th Ave # 603		
STREET ADDRESS		Miami, Fl. 33156		
CITY-ST-ZIP				
TITLE	TD	Collier Mary Ann	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		9125 SW 77th Ave # 102		
STREET ADDRESS		Miami, Fl. 33156		
CITY-ST-ZIP				
TITLE	SD	Fernandez Teresa	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		9125 SW 77th Ave # 509		XXXXXXXXXX
STREET ADDRESS		Miami, Fl. 33156		
CITY-ST-ZIP				
TITLE	DD	Aldier Jose	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		9125 SW 77th Ave # 506		XXXXXXX
STREET ADDRESS		Miami, Fl. 33156		
CITY-ST-ZIP				
TITLE	DD	Arcila Jahir	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		9125 SW 77th Ave # 810		XXXXXXXXXX
STREET ADDRESS		Miami, Fl. 33156		
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: *Maria Corton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 Date
 305- 940-8795 Daytime Phone #

CR2E037 (10/00)