

AMENDED
2002 UNIFORM BUSINESS REPORT (UBR)

07-01-2002 09:11:008 ****61.25
 FILE N9500003012

DOCUMENT # N9500003012

1. Entity Name
**SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATI
 ON, INC.**

02 JUL -2 PM 3:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

00126143



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0752392	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MJB 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 applicable. (NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY- ST- ZIP	DD CHANGE <input type="checkbox"/> Delete JOHN, REED 9125 SW 77TH AVE #A-708 MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OT XXXXXXXXXX COLLIER, MARY ANN 9125 S.W. 77TH AVENUE, UNIT 102 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD XXXXXXXXXX CORTON, ANGELES 9125 SW 77 AVENUE, UNIT 801 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD XXXXXXXXXX COLLIER, MARY ANN 9125 SW 77TH AVE #102 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DD change <input type="checkbox"/> Delete FERNANDEZ, TERESA 9125 SW 77TH AVE MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DD <input type="checkbox"/> Delete ALDIER, JOSE 9125 SW 77TH AVE #506 MIAMI FL 33156

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change XXXXXXXXXX PD Iznaga Zulema 9125 SW 77th Ave # A 308 Miami, FL. 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change XXXXXXXXXX <input checked="" type="checkbox"/> Add VP Sierra Elsa 9125 SW 77th Ave # A 603 Miami, FL. 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change XXXXXXXXXX <input checked="" type="checkbox"/> Add TD Ager Maria Isabel 9125 SW 77th Ave # A 402 Miami, FL. 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change XXXXXXXXXX <input checked="" type="checkbox"/> Add SD Rodriguez Magaly 9125 SW 77th Ave # A109 Miami, FL. 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change XXXXXXXXXX <input checked="" type="checkbox"/> Add SD Martinez Hilda 9125 SW 77th Ave # A 406 Miami, FL. 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change XXXXXXXXXX <input checked="" type="checkbox"/> Add DD Wadas Peter 9125 SW 77th Ave # A802 Miami, FL. 33156

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 recorder 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 unchanged, or on an attachment with an address, with all other like employment.

SIGNATURE: *Maria Isabel Ager* 305-940-871