

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90262 050 ****70.00

DOCUMENT # N98000000943

1. Entity Name

PALM TOWERS/PALM COURT RESIDENT ASSOCIATION, INC

Principal Place of Business

930 NW 95TH ST., A
MIAMI FL 33150

Mailing Address

930 NW 95TH ST., A
MIAMI FL 33150

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

36-4218616

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, GIL
930 NW 95TH ST., A
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

ELAM, ELLA

Street Address (P.O. Box Number is Not Acceptable)

930 N.W. 95th #305

City

Miami

FL

Zip Code

33150

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

ELLA Elam, Director President @ ELLA Elam

1-26-01

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 DP ☐ Delete
NAME ELAM, ELLA
STREET ADDRESS 930 NW 95 STREET APT 305
CITY-ST-ZIP MIAMI FL 33150

TITLE DV ☐ Delete
NAME ACOSTA, ABAD
STREET ADDRESS 930 NW 95 STREET APT. 604
CITY-ST-ZIP MIAMI FL 33150

TITLE DS ☐ Delete
NAME WILCHER, AGNES
STREET ADDRESS 930 NW 95TH ST., A
CITY-ST-ZIP MIAMI FL 33150

TITLE DT ☐ Delete
NAME HALL, JOHNNIE M
STREET ADDRESS 930 NW 95TH ST., A
CITY-ST-ZIP MIAMI FL 33150

TITLE DS ☒ Delete
NAME HIGGINS, BEATRICE
STREET ADDRESS 930 NW 95TH ST., A
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 305-836-9416

CR2E037 (10/00)