

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90005 039 \*\*\*\*61.25

**DOCUMENT #** N99000006284

1. Entity Name

FREEDOM TOWER FOUNDATION, INC.

Principal Place of Business	Mailing Address
3155 NW 77TH AVENUE MIAMI, FLORIDA 33122	3155 NW 77TH AVENUE MIAMI, FLORIDA 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0966795

Applied For

Not Applicable

Zip Country

Zip Country

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

BLANCK & PERRY, P.A.

5730 S.W. 74TH STREET, SUITE 700  
MIAMI, FLORIDA 33143

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	P/D	<input type="checkbox"/> Delete
NAME	JORGE MAS	
STREET ADDRESS	3155 NW 77TH AVENUE	
CITY - ST - ZIP	MIAMI, FLORIDA 33122	
TITLE	V/T/D	<input type="checkbox"/> Delete
NAME	JUAN CARLOS MAS	
STREET ADDRESS	3155 NW 77TH AVENUE	
CITY - ST - ZIP	MIAMI, FLORIDA 33122	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	JOSE RAMON MAS	
STREET ADDRESS	3155 NW 77TH AVENUE	
CITY - ST - ZIP	MIAMI, FLORIDA 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/00 (305) 599-1800

Date

Daytime Phone #