

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90034 013 ***150.00

DOCUMENT # P00000082680

1. Entity Name

FIRST TOWER Corporation ✓

Principal Place of Business

Mailing Address

7000 Island Blvd. #2105
 Aventura, Florida 33160

2. Principal Place of Business

3. Mailing Address

7000 Island Blvd.
 Suite, Apt. #, etc.
 # 2105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

4. FEI Number

05-1046125

Applied For

Not Applicable

Zip

Country

33160

Country

USA

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

William H. Alborno, Esq.
 901 Ponce De Leon Blvd. #601
 Coral Gables, FL 33134

Name Adrian Siorosky

Street Address (P.O. Box Number is Not Acceptable) 7000 Island Blvd. #2105

City Aventura

FL

Zip Code 33160

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

04/05/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$350.00!
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NAME** **STREET ADDRESS** **CITY - ST - ZIP**
 PSTD Adrian Siorosky
 7000 Island Blvd. #2105
 Aventura, FL 33160 ☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY - ST - ZIP** ☐ Delete

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Florida Division 4

04/05/2001

CD/ENR 141/01