

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 009 ***150.00

DOCUMENT # P00000091721

1. Entity Name
TOWER REALTY AND INVESTMENTS INC.



Principal Place of Business
250 CATALONIA AVENUE
SUITE 506
CORAL GABLES FL 33134

Mailing Address
250 CATALONIA AVENUE
SUITE 505
CORAL GABLES FL 33134



2. Principal Place of Business
250 CATALONIA AVENUE

3. Mailing Address

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Zip

Country

33134

U.S.

Zip

Country

4. FEI Number 65-1061098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ANTONIO
2588 SW 27TH AVENUE
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GALIS-MENENDEZ, JOSE
STREET ADDRESS 5775 SW 153RD CT
CITY-ST-ZIP MIAMI FL 33193-2531

☒ Delete

TITLE PD
NAME Rolando Gomez
STREET ADDRESS 7740 Camino Real # G-106
CITY-ST-ZIP miami florida 33143

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 607, 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 #

4/03/03 (305)
807-
9375

CR2E034 (10/02)