

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90372 047 ***150.00

0278037 AV

DOCUMENT # P01000057481

1. Entity Name

1140 TOWERS INVESTMENT, INC.

Principal Place of Business

**13703 SW 20 STREET
 MIAMI FL 33175**

Mailing Address

**13703 SW 20 STREET
 MIAMI FL 33175**

2. Principal Place of Business

1140 W 50 ST

3. Mailing Address

Po Box 940291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1113250

Applied For

Not Applicable

Zip

33002

Country

USA

Zip

33194

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

**MESTRE, OCTAVIO E ESO
 PENTHOUSE SIX, 2600 DOUGLAS ROAD
 CORAL GABLES FL 33134**

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

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, 2002 Fee will be \$550.00
 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 ☒ Delete
 NAME **D GONZALEZ, RAIMUNDO**
 STREET ADDRESS **13703 SW 20 STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
 NAME **GONZALEZ RAIMUNDO**
 STREET ADDRESS **Po Box 940291**
 CITY-ST-ZIP **Miami FL 33194**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

4/1/02

Date

Daytime Phone #

CR2E034 (9/01)