

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90245 048 ***150.00

DOCUMENT # P01000081361

1. Entity Name
TOWER HILL DEVELOPMENT CORP.



Principal Place of Business
543 LIVE OAK LANE
WESTON FL 33327

Mailing Address
543 LIVE OAK LANE
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1134720**

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

FIANO, LILIANA
1935 MADEIRA DRIVE
WESTON FL 33327

Name **FIANO, LILIANA**

Street Address (P.O. Box Number is Not Acceptable) **537 Live Oak Lane**

City **Weston**

FL

Zip Code **33327**

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

Liliana Fiano

(NOTE: Registered Agent signature required when reinstating)

04/20/04

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☐ Delete
NAME **FIANO, PASQUALE**
STREET ADDRESS **1935 MADEIRA DR**
CITY-ST-ZIP **WESTON FL 33327**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **543 Live Oak Lane**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **D** ☐ Delete
NAME **FIANO, M. LORETA**
STREET ADDRESS **1935 MADEIRA DR**
CITY-ST-ZIP **WESTON FL 33327**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **543 Live Oak Lane**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **VS** ☐ Delete
NAME **FIANO, LILIANA**
STREET ADDRESS **1935 MADEIRA DR**
CITY-ST-ZIP **WESTON FL 33327**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **537 Live Oak Lane**
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 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:

Liliana Fiano

4/20/04

(954)3890920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)