

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90009 036 ***150.00

0235549

DOCUMENT # P97000103142

1. Entity Name

TOWER ASSOCIATES, INC.

Principal Place of Business

**13740 SW 105TH STREET
MIAMI FL 33186**

Mailing Address

**13740 SW 105TH STREET
MIAMI FL 33186**

2. Principal Place of Business

3560 N.W. 115 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3560 N.W. 115 AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0800504

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, ARCADIO
13740 SW 105TH STREET
MIAMI FL 33186**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TORRES, ARCADIO**
STREET ADDRESS **13740 SW 105TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**TITLE **S** ☐ Delete
NAME **TORRE, JULIO C**
STREET ADDRESS **517 FORREST DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**TITLE **T** ☒ Delete
NAME **TORRES, RHONDA D**
STREET ADDRESS **13740 SW 105 STREET**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

ARCADIO TORRES - President

4-4-01

Date

305 463-7171

Daytime Phone #

CR2E034 (10/00)