

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90071 027 ***150.00

DOCUMENT # P98000002669

1. Entity Name
GRAND BAY TOWER, INC.

Principal Place of Business
**445 GRAND BAY DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**445 GRAND BAY DRIVE
KEY BISCAYNE FL 33149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0811578**

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

**FIELDSTONE, RONALD R
FIELDSTONE LESTER & SHEAR
200 S. BISCAYNE BLVD., #2100
MIAMI FL 33131**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARGULIES, MARTIN Z	
STREET ADDRESS	445 GRAND BAY DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWE, SHELDON J	
STREET ADDRESS	445 GRAND BAY DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	President	<input type="checkbox"/> Delete
NAME	Tony Hernandez	
STREET ADDRESS	445 Grand Bay Drive	
CITY-ST-ZIP	Key Biscayne, FL - 33149	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Victor Reichenstein	
STREET ADDRESS	445 Grand Bay Drive	
CITY-ST-ZIP	Key Biscayne, FL - 33149	
TITLE	Secretary of Treasury	<input type="checkbox"/> Delete
NAME	Judith Schalit	
STREET ADDRESS	445 Grand Bay Drive	
CITY-ST-ZIP	Key Biscayne, FL - 33149	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jos E Teran	
STREET ADDRESS	445 Grand Bay Drive	
CITY-ST-ZIP	Key Biscayne, FL - 33149	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miguel Cauvi	
STREET ADDRESS	445 Grand Bay Drive	
CITY-ST-ZIP	Key Biscayne, FL - 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/01)