

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057114

1. Entity Name

TOWER CONTRACTING OF MIAMI, CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90034 044 ***158.75

Principal Place of Business

407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139-3008

2. Principal Place of Business

444 BRICKEILL AVE

3. Mailing Address

444 BRICKEILL AVE

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

701

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0933359

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, LUIS G
 407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
 ELISABETH KOZLOW, ESQ

Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE

SUITE # 1102

City

CORAL GABLES

FL

Zip Code

33134

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

4.20.00

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, 2000 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

TITLE
 NAME PD
 STREET ADDRESS SMIT, TIMOTHY
 CITY-ST-ZIP 7601 E. TREASURE DRIVE #2322
 NBV FL 33141

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME PD
 STREET ADDRESS SMIT, TIMOTHY
 CITY-ST-ZIP 7601 E. TREASURE DR. # 206
 NMB FL 33141 PH

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 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 #

4.20.00 365.216.3752