

2001 UNIFORM BUSINESS REPORT (UBR)

06-20-2001 90009 040 ****192.50
728514

DOCUMENT # **728514**

1. Entity Name

QUAIL RUN OF SUNRISE #T ASSOCIATION INC.

unit one

W01-12800

Principal Place of Business

7500 N.W. 30th Place
Sunrise, FL 33313

Mailing Address

7500 N.W. 30th Place
Sunrise, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

APT. 124

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1593034

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERYL J. LEVIN, P.A.
Courtyard Business Center
4694 NW 103rd Avenue
Sunrise, FL 33351-7970

7. Name and Address of New Registered Agent

Name

SAME

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 principal office or registered agent, or both, in the state of Florida.

SIGNATURE

Cheryl Levin Esq.

6/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	Anthony Milano	
STREET ADDRESS	7500 N.W. 30th Pl. APT. 124	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	David Givens	
STREET ADDRESS	7500 N.W. 30th Pl. APT. 106	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	BESS HERMAN	
STREET ADDRESS	7500 NW 30th Pl. APT. 322	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	Maurise Hamelburg	
STREET ADDRESS	7502 NW 30th Pl. APT. 216	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	DIR.	<input type="checkbox"/> Delete
NAME	SALVATORE CAMISI	
STREET ADDRESS	7500 N.W. 30th Pl. APT. 404	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

954-5729111

Date

Daytime Phone #

CR2E037 (11/00)

FILED
01 JUL 10 PM 3:45
SECRETARY OF STATE
FLORIDA
C0071561
DO NOT WRITE IN THIS SPACE 99-01