

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770573

1. Entity Name

THE BARCLAY AT HAMPTONS WEST CONDOMINIUM ASSOCIA

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90088 022 ****61.25

Principal Place of Business

Mailing Address

A & M PROPERTY MANAGEMENT
 3475 HIATUS RD
 SUNRISE FL 33351
 US

A & M PROPERTY MANAGEMENT
 3475 HIATUS RD
 SUNRISE FL 33351-7500
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2516745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & M PROPERTY MANAGEMENT INC
 3475 HIATUS RD
 SUNRISE FL 33351

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EID, JIHAD EL	
STREET ADDRESS	8010 HAMPTONS BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIEN, JOAN	
STREET ADDRESS	8010 HJAMPTONS BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VIABAKIS, MELBA	
STREET ADDRESS	8010 HAMPTON BLVD	
CITY-ST-ZIP	N LAUDRDALE FL 33068	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JAVER, ARCHIE	
STREET ADDRESS	8010 HAMPTONS BLVD.	
CITY-ST-ZIP	NO LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAVER, ARDIE	
STREET ADDRESS	8010 HAMPTONS BLVD.	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE TD	Victoria Naylor	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	8010 Hamptons Blvd. #511		
STREET ADDRESS	N. Lauderdale, FL 33068		
CITY-ST-ZIP			
TITLE	Rita Snyder	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	8010 Hamptons Blvd. #304		
STREET ADDRESS	N. Lauderdale, FL 33068		
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

Date

Daytime Phone #

Melba Viabakis

2/24/00 954-721-6167

CR2E037 (9/99)