

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0047371

03-29-2001 90399 009 ****61.25

DOCUMENT # N34470

1. Entity Name

FAIRFAX CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4373 ROCK ISLAND RD.
 LAUDERHILL FL 33319
 US**

**4373 ROCK ISLAND RD.
 LAUDERHILL FL 33319
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0149262

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**TRICARICO, ANITA
 C/O MWI/CAMPBELL
 4373 ROCK ISLAND RD
 LAUDERHILL FL 33319**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	TRICARICO, ANITA	7475 FAIRFAX DR.	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LEOPOLD, IRENE	7449 FAIRFAX DRIVE	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	SINGER, BEA	7479 FAIRFAX DR	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	MALMID, HERMAN	7423 FAIRFAX DRIVE	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	BERMAN, ROBERT	7447 FAIRFAX DR.	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 lines empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)