2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90206 009 ****61.25

DOCUMENT # N95000000519

1. Entity Name

9900 WEST CORPORATION, INC.

Principal Place of Business	Mailing Address
9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154	9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154

926881

DO NOT WRITE IN THIS SPACE

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 65-0666676 ☐ Applied For ☐ Not Applicable

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
SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI FL 33130	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORR, JOSEPH 9900 W BAYHARBOR DR., APT 6 BAY HARBOR ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FINK, JAMES J 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FINK, JAMES J.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT LASKY, DAVID 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, JEFFREY C 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTELA, JOSEPH 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-D PORTELA, JOSEPH (KARIN)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: David Lasky SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DAVID LASKY, P 01/08/02 305-864-8866
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR