

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0044859

DOCUMENT # 724250

1. Entity Name

WESTCHESTER LUXURY INC.

03-09-2001 90004 024 ****61.25

Principal Place of Business

Mailing Address

**C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266**

**C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266**

928477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1550133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134**

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 Delete
NAME **PD DEL CARMEN PEREZ, MARIAL**
STREET ADDRESS **8990 CORAL WAY, APT. 19**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME **SD TOMAS PEREZ**
STREET ADDRESS **8990 CORAL WAY, APT. 212**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE Delete
NAME **VD VAZQUEZ, RAZZIEL**
STREET ADDRESS **8990 CORAL WAY, APT. 28**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD SUA, CARMEN T**
STREET ADDRESS **8990 CORAL WAY, APT. 217**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD LLORENTE, AURELIO**
STREET ADDRESS **8990 CORAL WAY, APT. 23**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SUAREZ, RAMON**
STREET ADDRESS **14533 SW 108 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LORENZO, BIENVENIDO**
STREET ADDRESS **8990 CORAL WAY, APT. 27**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change 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: *MARIAL DEL CARMEN PEREZ* **PEREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 **(305) 593-2295**

Date Daytime Phone #

CR2E037 (10/00)