

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90028 048 \*\*\*\*61.25

**DOCUMENT # 730191**

1. Entity Name  
**RACQUET CLUB ESTATES, INC**

Principal Place of Business      Mailing Address  
 PO BOX 565820      PO BOX 565820  
 MIAMI FL 33256-7423      MIAMI FL 33256-7423

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1885218**      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  
**CONNELL, JIM**  
**8630 S.W. 94TH ST.**  
**MIAMI FL 33156**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>CANTOR, HINDA</b> <b>8640 SW 94 ST</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>BARBARA BONNER</b> <b>8516 SW 94 ST</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAHL, JACK</b> <b>8610 S W 94TH ST</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JACK STAHL</b> <b>8610 SW 94TH ST</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CONNEL, JIM.</b> <b>8630 S.W. 94TH ST.</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Jim Connell</b> <b>8630 SW 94 ST</b> <b>MIAMI FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BONNER, BARBARA</b> <b>8530 SW 94TH ST</b> <b>MIAMI FK 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>BARBARA BONNER</b> <b>8530 SW 94 ST</b> <b>MIAMI, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERIA, AMARYLLIS</b> <b>8510 SW 94TH ST</b> <b>MIAMI FL 33156</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>GIORDANI, GIORDANO</b> <b>8646 SW 94TH ST</b> <b>MIAMI FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABOLILA, TONY</b> <b>8540 SW 94TH ST</b> <b>MIAMI FL 33156</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      **4-12-02**      Date      Daytime Phone #

CR2E037 (9/01)