

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 016 ****61.25

DOCUMENT # 731063

1. Entity Name

WEST TRADE CONDOMINIUM, INC.

3239 W. TRADE AVE

Principal Place of Business

Mailing Address

J & M CONDO MANAGEMENT & MAINTENANCE, INC.
275 FONTAINELEAU BLVD., SUITE 200
MIAMI FL 33172

J & M CONDO MANAGEMENT & MAINTENANCE, INC.
275 FONTAINELEAU BLVD., SUITE 200
MIAMI FL 33172

3239 WEST TRADE AVE

3

2. Principal Place of Business

3. Mailing Address

AVE APT 6

3239 W. TRADE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

COCONUT GROVE

APT 6

City & State

City & State

FLA

COCONUT GROVE

4. FEI Number

59-1769889

Applied For

Not Applicable

Zip

Country

33133

USA

Zip

Country

FL 33133

FLA-USA

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

~~ALVAREZ NESTOR~~
~~3971 SW 8 STREET~~
~~CORAL GABLES FL 33134~~

~~MARILYN STURGEON~~
~~3239~~

Name **MARILYN STURGEON**

Street Address (P.O. Box Number is Not Acceptable)
3239 W Trade Ave # 6

COCONUT GROVE FLA

City **33133**

FL

Zip Code **33133**

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, 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	VP/D	<input type="checkbox"/> Delete
NAME	ROBAU, RAOUL	
STREET ADDRESS	275 FONTAINELEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP SECRETARY/D	<input type="checkbox"/> Delete
NAME	SHMALO, STEVE	
STREET ADDRESS	275 FONTAINELEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SECRETARY/D	<input type="checkbox"/> Delete
NAME	STURGEON, MARILYN	
STREET ADDRESS	275 FONTAINELEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP WEST COAST	<input type="checkbox"/> Delete
NAME	WERZEL, DAN	
STREET ADDRESS	275 FONTAINELEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YAMIL SOCCORASID	
STREET ADDRESS	275 FONTAINELEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33172	

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		
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)(f), 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)