

DOCUMENT # 738409

1. Entity Name
SAHARA CLUB OF CORAL GABLES, INC.

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

01-09-2001 90007 003 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
232 VALENCIA AVENUE 232 VALENCIA AVENUE
CORAL GABLES FL 33134 CORAL GABLES FL 33134

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 Applied For
59-1732267 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUTAN, G. VICTOR
2900 MIDDLE STREET
5TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOGUE, PARKER	
STREET ADDRESS	3617 S.W. THIRD AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PULLER, WESTON	
STREET ADDRESS	452 S.W. 28TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, JAMES R	
STREET ADDRESS	6710 S.W. 50TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, JOHN	
STREET ADDRESS	2340 TIGERTRAIL COURT	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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)(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]* **SIGNATURE REQUIRED** 1-4-2001 (3ar) (66)-848
Date Daytime Phone #

CR2E037 (10/00)