

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90025 029 ****61.25

DOCUMENT # 738409

1. Entity Name

SAHARA CLUB OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

232 VALENCIA AVENUE
 CORAL GABLES FL 33134

232 VALENCIA AVENUE
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1732267

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUTAN, G. VICTOR
2900 MIDDLE STREET
5TH FLOOR
MIAMI FL 33133

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 BOGUE, PARKER**
 STREET ADDRESS **3617 S.W. THIRD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME **PD ROBERT PARSLY**
 STREET ADDRESS **6255 SW 92ND ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Delete
 NAME **VD PULLER, WESTON**
 STREET ADDRESS **452 S.W. 28TH ROAD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME **VD PARKER BOGUE**
 STREET ADDRESS **3617 SW THIRD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE Delete
 NAME **SD BROWN, JAMES R**
 STREET ADDRESS **6710 S.W. 50TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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:

J. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2002 (305) 667-8648
 Date Daytime Phone #

CR2E037 (9/01)