

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90024 014 ****61.25

DOCUMENT # 738409

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



Principal Place of Business
**232 VALENCIA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**232 VALENCIA AVENUE
CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**

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 **SAME**
Street Address (P.O. Box Number is Not Acceptable)
460 REVINO AVENUE
City **CORAL GABLES FL** Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD PARSLEY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	6255 SW 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	VD PARKER, ROBERT *	<input type="checkbox"/> Delete
STREET ADDRESS	3617 SW THIRD AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE NAME	SD BROWN, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS	6710 S.W. 50TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CORRECT NAME * BOGUE, PARKER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

1-6-2003 305 (6)-8648

CR2E037 (10/02)