2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01484

1. Entity Name

SIGNATURE:

COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, INC.

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Principal Plac	ce of Busines	s	Mailing Address			7					
17000 N.W. 67TH AVENUE 170 #335 #3 MIAMI FL 33015 MI			17000 N.W. 67TH AVENU #335 MIAMI FL 33015 US	MIAMI FL 33015		 					
2. Principal Place of Business 3. N			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-2516760 Applied For Not Applicable					
Zip		Country	Zip	Count	ry	5. Certificate of Sta			B.75 Addee Require	ditional	
	6. Name	and Address of Current F	Registered Agent	1		7. Name and Addr	ess of New Ren				
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	y, stephen Ieridian st				Street Address	(P.O. Box Number is N	lot Acceptable)				
SUITE 109 HOLLYWOOD FL 33021				City				FL	Zip Cod	e	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable (NOTE	- Registered &	gent signature require	d when rejectation		DATE			
		or printed fiame or registered agent a	ita tite ii applicable. (NOTE	:: negistered Aç	gent signature require	d when reinstating)		DATE	•	}	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Department of State				
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After Sept	ember 12,	• • • • •	36.25 Trust Fund C		. 🗆		Dep	partment	of State	•	
	PD WESOLO 1700 NW	OFFICERS AND DIRI OWSKI, FRANK 167TH AVENUE #244	36.25 Trust Fund C	11. TITLE NAME STREET A	LIDDRESS	Added to Fees	Dep	AND DIREC	of State	•	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Aug 31, 2001 8:00 am Secretary of State

08-31-2001 90002 014 ****61.25