

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90038 037 \*\*\*\*61.25

**DOCUMENT # N01484**

1. Entity Name

**COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, INC.**

Principal Place of Business

17000 N.W. 67TH AVENUE  
 #335  
 MIAMI FL 33015  
 US

Mailing Address

17000 N.W. 67TH AVENUE  
 #335  
 MIAMI FL 33015  
 US

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 **59-2516760**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STRALEY, STEPHEN J P.A.  
 3990 SHERIDIAN STREET  
 SUITE 109  
 HOLLYWOOD FL 33021**

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

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

TITLE **PD** ☐ Delete  
 NAME **WESOLOWSKI, FRANK**  
 STREET ADDRESS **1700 NW 67TH AVENUE #244**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **STD** ☐ Delete  
 NAME **LOESCHE, SYLVIA**  
 STREET ADDRESS **17000 NW 67TH AVE #147**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VPD** ☐ Delete  
 NAME **MCKOY, SHIRLEY**  
 STREET ADDRESS **17000 NW 67TH AVENUE #335**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ Delete  
 NAME **DIAZ, HENRY**  
 STREET ADDRESS **17000 NW 67TH AVE #143**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

*Shirley McKoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/12/02*  
 Date

*305-558-0693*  
 Daytime Phone #

CR2E037 (9/01)