

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90017 038 \*\*\*\*61.25

**DOCUMENT # N08169**

1. Entity Name

**CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C WEST ASS**

Principal Place of Business

Mailing Address

~~14530 S.W. 119TH AVE.~~  
 14275 SW 142ND AVE  
 MIAMI FL 33186  
 US

~~14530 S.W. 119TH AVE.~~  
 14275 SW 142ND AVE  
 MIAMI FL 33186-6715  
 US

2. Principal Place of Business

3. Mailing Address

**14275 SW 142 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Miami FL**

4. FEI Number

**59-2647378**

Applied F  
Not Applicable

Zip

Country

Zip

Country

**33186**

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

**SKRLD INC  
 201 ALHAMBRA CIRCLE  
 STE 1102  
 CORAL GABLES FL 33134**

Name **CARLOS A TRIAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 Ponce de Leon Blvd**  
**Suite # 1110**  
 City **Coral Gable** FL Zip Code **33134**

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

**2/2/2000**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	JARRAR, MOHAMMAD H	8811 SW 132ND PLACE #203	MIAMI FL 33186	<input type="checkbox"/>
SD/V P	BARR, JOHN	8811 SW 132 PL #402	MIAMI FL 33186	<input type="checkbox"/>
PD	EDMUND, SERGE	8811 SW 132 PL 404	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: EDMUND SERGE, PDT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #