

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

03-03-2002 90059 027 ****61.25

DOCUMENT # N08169

1. Entity Name

CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C WEST ASSOCIATION, INC.

Principal Place of Business 14538 S.W. 119TH AVE. 14275 SW 142ND AVE MIAMI FL 33188 US	Mailing Address 14275 SW 142ND AVE MIAMI FL 33188 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2647378		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
TRIAY, CARLOS A 999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$51.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRAR, MOHAMMAD H			NAME	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8811 SW 132ND PLACE #203			STREET ADDRESS	PACHON, Piedad		
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP	8811 SW 132 PL # 308		
TITLE	SDVP	<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHON, ARDAD			NAME	Cathie Carr		
STREET ADDRESS	8811 SW 132 PL #402			STREET ADDRESS	14275 sw 142 Ave		
CITY-ST-ZIP	MIAMI FL 33186			CITY-ST-ZIP	MIAMI FL 33186		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMUND, SERGE			NAME			
STREET ADDRESS	8811 SW 132 PL 404			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)