

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005781

1. Entity Name

CAMPBELL ARMS RESIDENCE CORPORATION

Principal Place of Business

300 NW 12 AVE
MIAMI FL 33131

Mailing Address

300 NW 12 AVE
MIAMI FL 33131

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

65-0676431

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: SALVATORE MARTORANO
Street Address (P.O. Box Number is Not Acceptable): 300 NW 12th AVE
City: miami FL Zip Code: 33128

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/30/01

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	VD	<input type="checkbox"/> Delete
NAME	SIBLEY, RUSSELL A	
STREET ADDRESS	1460 BRICKELL AVE, 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	1460 BRICKELL AVE, 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MARTORANO, SAL	
STREET ADDRESS	300 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RALEY, CLAIRE	
STREET ADDRESS	1460 BRICKELL AVE., #309	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SARIEL, MARIO A	
STREET ADDRESS	1460 BRICKELL AVE., #309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, RUSSELL	
STREET ADDRESS	300 NW 12th AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	300 NW 12th AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORANO, SAL	
STREET ADDRESS	300 NW 12th AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, CLAIRE	
STREET ADDRESS	300 NW 12th AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305 324 5005

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90051 020 ****70.00

654683



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)