

## 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 &amp; State

City &amp; State

Zip

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 33131Name SALVATORE MARTORANO

Street Address (P.O. Box Number is Not Acceptable)

300 NW 12th AVE

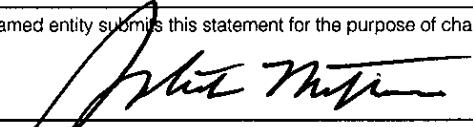
City

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/00)

TITLE VD  Delete  
NAME SIBLEY, RUSSELL A  
STREET ADDRESS 1460 BRICKELL AVE, 309  
CITY-ST-ZIP MIAMI FL 33131TITLE VD  Change  Addition  
NAME SIBLEY, RUSSELL  
STREET ADDRESS 300 NW 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128TITLE PD  Delete  
NAME DOMINGUEZ, AGUSTIN  
STREET ADDRESS 1460 BRICKELL AVE, 309  
CITY-ST-ZIP MIAMI FL 33131TITLE PD  Change  Addition  
NAME DOMINGUEZ, AGUSTIN  
STREET ADDRESS 300 NW 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128TITLE VPT  Delete  
NAME MARTORANO, SAL  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI FLTITLE VPT  Change  Addition  
NAME MARTORANO, SAL  
STREET ADDRESS 300 NW 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128TITLE VPD  Delete  
NAME RALEY, CLAIRE  
STREET ADDRESS 1460 BRICKELL AVE., #309  
CITY-ST-ZIP MIAMI FL 33128TITLE VPD  Change  Addition  
NAME RALEY, CLAIRE  
STREET ADDRESS 300 NW 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128TITLE C  Delete  
NAME SARIOL, MARIO A  
STREET ADDRESS 1460 BRICKELL AVE., #309  
CITY-ST-ZIP MIAMI FL 33131TITLE  Change  Addition  
NAME STREET ADDRESS CITY-ST-ZIPTITLE  Delete  
NAME STREET ADDRESS CITY-ST-ZIPTITLE  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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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

654683



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0676431  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

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 33128

Zip Code

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.

4/30/01 305344005

Date

Daytime Phone #