

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005781

FILED  
Jul 12, 2002 8:00 AM  
Secretary of State

Entity Name: CAMPBELL ARMS RESIDENCE CORPORATION

**Current Principal Place of Business:**

300 NW 12 AVE  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 12 AVE  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0676431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTORANO, SALVATORE  
300 NW 12TH AVE  
MIAMI, FL 33128 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SIBLEY, RUSSELL A  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

Title: PD ( ) Delete  
Name: DOMINGUEZ, AGUSTIN  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

Title: VPT ( ) Delete  
Name: MARTORANO, SAL  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

Title: VPD ( ) Delete  
Name: RALELY, CLAIRE  
Address: 300 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: SAL MARTORANO

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07/12/2002

Electronic Signature of Signing Officer or Director

Date