

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90090 041 ****61.25

DOCUMENT # N95000000519

1. Entity Name

9900 WEST CORPORATION, INC.



Principal Place of Business

**9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154**

Mailing Address

**9900 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154**

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 **65-0666676**

Applied For

Not Applicable

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

**SANTANA, FRANCIS X
28 WEST FLAGLER ST.
SUITE 500
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, JOSEPH 9900 W BAYHARBOR DR., APT 6 BAY HARBOR ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, JAMES J 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND FL 33154	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LASKY, DAVID 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JEFFREY C 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTELA, JOSEPH 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

01/15/03

305.864-8866

CR2E037 (10/02)