FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N9800001306 1. Entity Name					Mar 01, 2001 8:00 am Secretary of State		
JUBILEE/CLUB WEST, INC.					02-07-2001 90133 050 ****61.25		
Principal Pla	ce of Business	Mailing Address					
742 NW 12TH AVENUE 742 NW 12TH AVENUE MIAMI FL 33136 MIAMI FL 33136					-		
	1000	/					
2. Principal Place of Business 3. Mailing Address 1000 SW 1st Sweet 1000 SW 1st			st Street	<u> </u>			
Suite, Act. #, etc. #206 #206				DO NOT WRITE IN THIS SPACE		ACE	_
City & State -Mianni Fl-		City & State Minut. 7	Mignet, Fl.		4. FEI Number 91-1920943 Applied For Not Applicable		
Zin 37135 Country D.		73/35	Country	5. Certificate of Status Desired Fee Requ		3.75 Additional e Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered A						int]
	, FRANCIS V		Street	Street Address (P.O. Box Number is Not Acceptable)			
742 NW 12TH AVENUE MIAMI FL 33136 B. The above named entity submits this statement for the purpose of changing its re				# 206]
			M	oui,	FL	^{Zip} 599/ <i>ラ</i> ソ	
B. The above	e named entity submits this statement for t	the purpose of changing its	registered office o	or registered agent, or bot	th, in the state of Florida.	,	
SIGNATURE	Signature, typed or printed name of registered agent and	d the it applicable.) (NOT	(で) しん E: Registared Agent aigna	sture required when reinstating)	1/27/L	2/	!
FILE NOW: 9. Election Campaign 7 FEE IS \$61.25 Trust Fund Contribut				\$5.00 May Be Added to Fees	Make Check Payable to Department of State		
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHA	ANGES TO OFFICERS AND DIREC		f
title Name	GUDORF, FRANCIS V	☐ Delete	TITLE NAME			Change	(10/0
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33136		STREET ADDRESS CITY-ST-ZIP	Miaul F	1st street,#2 1_33155	08	CR2E037 (10/00)
TITLE NAME	D MAYER, DOUGLAS R	☐ Delete	TITLE		ķ	Change Addition	8
STREET ADDRESS CITY-ST-ZIP	742 NW 12TH AVENUE MIAMI FL 33136	STREET ADORESS CITY-ST-ZIP		1st street, #	206	- -	
TITLE	DP	TITLE	DP L	<u> </u>	ChangeAddition_		
NAME STREET ADDRESS	CHAMBERS, ROBERT A 2701 LEJUNO ROAD STE 325	NAME STREET ADDRESS	Hartha 7. 1801 SW	Tabis 1st street			
TITLE	CORAL GABLES FL 33146	☐ Delete	CITY-ST-ZIP TITLE	Hiami , FI	37155	Change	l
NAME STREET ADDRESS			NAME STREET ADDRESS	-		-	
CITY-ST-ZIP			CITY-ST-ZIP		····		
NAME .		☐ Delete	TITLE NAME			Change 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		·		
TITLE NAME :		☐ Delete	TITLE NAME		0	Change	
STREET ADDRESS CITY-ST-ZIP		·	STREET ADDRESS CITY-ST-ZIP				I
indicated of the cor	certily that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that maked to execute this report a	ny signature shali h as cequired by Ch a	ted in Section 119.07(3)(i) ave the same legal effect ptor 617, Florida Statutes	, Florida Statutes. I further certify t as if made under cath; that I am a and that my name appears in Bio	hat the information n officer or director ock 10 or Block 11 if	
SIGNAT		RE REQUIR	OX1-	amist. &	udof, UP	100-1553	ı