

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90101 004 ****61.25

DOCUMENT # N99000006952

1. Entity Name

7911 CARLYLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9999 NE 2 AVE STE 216
 MIAMI SHORES FL 33138**

**9999 NE 2 AVE STE 216
 MIAMI SHORES FL 33138**

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

65-1084357

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

**LOFFREDO, STEPHEN K
 9999 NE 2 AVE STE 216
 MIAMI SHORES FL 33138**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **JAHANSHAH, SHAHRAM**
 STREET ADDRESS **7911 CARLYLE AVE UNIT 4**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition
 NAME **(SAME)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **WAHUTKEWYCH, STEPHANIE**
 STREET ADDRESS **475 79 STREET**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VD** ☒ Change ☒ Addition
 NAME **RACZKOWSKI, LUCY**
 STREET ADDRESS **7850 BYRON AVE APT. 901**
 CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33141**

TITLE **STD** ☒ Delete
 NAME **KOWALCHUK, MICHAEL**
 STREET ADDRESS **7850 BYRON AVE APT 207**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **STD** ☒ Change ☒ Addition
 NAME **MIKLUSKA, JOANNA U**
 STREET ADDRESS **8255 ABBOTT AVE, Apt. 502**
 CITY-ST-ZIP **Miami Beach, Florida 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ 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: **X**

Shahram Jahan Shahi

1-18-2002

(305) 8670466

CR2E037 (9/01)