

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

DOCUMENT # **N95000000519**

1. Entity Name

9900 WEST CORPORATION, INC.

01-17-2001 90104 040 ****61.25

Principal Place of Business Mailing Address
9900 WEST BAY HARBOR DRIVE **9900 WEST BAY HARBOR DRIVE**
BAY HARBOR ISLAND FL 33154 **BAY HARBOR ISLAND FL 33154**



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0666676 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANTANA, FRANCIS X
28 WEST FLAGLER ST.
SUITE 500
MIAMI FL 33130

7. Name and Address of New Registered Agent
 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | D ORR, JOSEPH 9900 W BAYHARBOR DR., APT 6 BAY HARBOR ISLAND FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FINK, JAMES J 9900 WEST BAY HARBOR DRIVE APT 3 BAY HARBOR ISLAND FL 33154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | POT LASKEY, DAVID 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENBERG, HENRY J 9900 WEST BAY HARBOR DRIVE APT 2 BAY HARBOR ISLAND FL 33154 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAYMAN, BERNARD 9900 WEST BAY HARBOR DRIVE APT 4 BAY HARBOR ISLAND FL 33154 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANTANA, FRANCIS X 9900 WEST BAY HARBOR DRIVE APT 5 BAY HARBOR ISLAND FL 33154 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LASKY, DAVID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEFFREY C. TURNER 9900 WEST BAY HARBOR DR APT 2 BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOSEPH PORTELA 9900 WEST BAY HARBOR DR APT #4 BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: JOSEPH ORR (DAVID LASKEY) PWS Date: 01/05/01 Daytime Phone #: 305-864-8860

CR2E037 (10/00)