

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90206 009 ****61.25

DOCUMENT # N95000000519

1. Entity Name

9900 WEST CORPORATION, INC.

Principal Place of Business

Mailing Address

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

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

902881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666676

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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	D	<input type="checkbox"/> Delete
NAME	ORR, JOSEPH	
STREET ADDRESS	9900 W BAYHARBOR DR., APT 6	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINK, JAMES J	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 3	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	LASKY, DAVID	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JEFFREY C	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 2	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTELA, JOSEPH	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 4	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTANA, FRANCIS X	
STREET ADDRESS	9900 WEST BAY HARBOR DRIVE APT 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, JAMES J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTELA, JOSEPH (KARIM)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Lasky* **DAVID LASKY, P**

01/08/02 305-864-8866

CR2E037 (9/01)