2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049753 1. Entity Name 68 WEST CORP.						Mar 06, 2002 8:00 am Secretary of State 03-06-2002 90104 024 ***150.00			
Principal Place of Business 14450 SMITH SUNDY ROAD DELRAY BEACH FL 33446 Mailing Address 14450 SMITH SUNDY ROAD DELRAY BEACH FL 33446									
	Place of Business I. Congress Ave. #, etc.	3. Mailing Address 5801 N. Cong Suite, Apt. #, etc.	5801 N. Congress Ave.			DO NOT WRITE IN THIS SPACE			
Zip	Raton, FL	City & State Boca Raton,	FL Coun	try		FEI Number 65-0760360 Certificate of Status Desired	-\$ 8.75 Ad		
33487	USA	33487	USA	1			Fee Require	ed	
	6. Name and Address of Current F	registered Agent		Name	7.	Name and Address of New Registered	3 Agent		
MOMBACH, GEOFFREY S 500 E. BROWARD BLVD., STE. 1950 FT. LAUDERDALE FL 33394				Street Address (P.O. Box Number is Not Acceptable)					
FI. LAUL	JERUALE PL 33394			City			■ Zip Cod	10	
			··	City		F	L Zip Coo	16	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent at			ed office or re					
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550 Make Check Payable to Department of		0.00 of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be d to Fees		
11.	OFFICERS AND I		12.		A	DDITIONS/CHANGES TO OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, STEVEN 14450 SMITH SUNDY ROAD DELRAY BEACH FL 33446	□ Delete		· .		N. Congress Ave. Raton, FL 33487	Change	Addition	
TITLE NAME STREET ADDRESS —CITY-ST-ZIP → F	D SIEMENS, RICHARD STE. 202E, 4800 N. FEDERAL H BOCA RATON FL-33431	□ Delete				N. Congress Avenue Raton, FL 33487	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOOK WHOM TO GOIG!	☐ Delete		1	Boca	Naton, IL 33407	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver of rust e empor or on an attachment with an address, w	true and accurate and that r wered to execute this report	my signat : as requir	mption stated ture shall hav red by Chapt	re the same ter 607, Flor	119.07(3)(i), Florida Statutes. I further o legal effect as if made under oath; that ida Statutes; and that my name appears	I am an officer s in Block 11 o	nformation r or director r Block 12 if	

FILED

Daytime Phone #