

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47188

1. Entity Name

WEST ACRES, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90030 050 \*\*\*150.00

Principal Place of Business

9260 S.W. 72ND ST  
STE 206  
MIAMI FL 33173

Mailing Address

9260 S.W. 72ND ST  
STE 206  
MIAMI FL 33173-3255

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 59-2756606

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.  
~~200 SOUTH BISCAYNE BLVD~~  
~~STE 2410~~  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name STEVEN A. SCHULTZ  
Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. 2<sup>nd</sup> ST. - Suite 2800  
City Miami, FL. FL Zip Code 33131

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

3/13/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME BEHRENS, ALFREDO A.  
STREET ADDRESS APARTADO 62  
CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete

TITLE D  
NAME BEHRENS, ANDRES  
STREET ADDRESS 205 PALM AVENUE  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE D  
NAME BEHRENS, ALFREDO JR  
STREET ADDRESS APARTADO 62  
CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete

TITLE D  
NAME BEHRENS, HENRIQUE  
STREET ADDRESS APARTADO 62  
CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete

TITLE VD  
NAME SCHULTZ, STEVEN A  
STREET ADDRESS ~~200 S. BISCAYNE BLVD STE 2410~~  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
100 S.E. 2<sup>nd</sup> ST. - Suite 2800  
Miami, FL. 33131

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (305) 539-8400

Date

Daytime Phone #