

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000047649

**Entity Name:** WESTPROP, INC.

**Current Principal Place of Business:**

301 E LAS OLAS BLVD STE 800  
FORT LAUDERDALE, FL 33301

**FILED**  
**Jul 15, 2020**  
**Secretary of State**  
**0677272346CC**

**Current Mailing Address:**

PO BOX 3060  
C/O US TRUST  
NEW YORK, NY 10108-3060 US

**FEI Number:** 47-2421825

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HINDEN, JON A ESQ  
4430 SW 64TH AVE  
DAVIE, FL 33314 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COOD  
Name WEST, CHARLES E JR  
Address 301 E LAS OLAS BLVD STE 800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title PD  
Name HINDEN, JON A  
Address 4430 SW 64 AVE  
City-State-Zip: DAVIE FL 33314

Title VP  
Name WEST, CHARLES E JR  
Address 301 E LAS OLAS BLVD STE 800  
City-State-Zip: FORT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES E WEST JR

VP

07/15/2020

Electronic Signature of Signing Officer/Director Detail

Date