

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 312103

1. Entity Name
WESTHAVEN MOTEL AND TRAILER COURT INC



Principal Place of Business
**6020 S W 8 ST
WEST MIAMI, FL 33144**

Mailing Address
**6020 S W 8 ST
WEST MIAMI, FL 33144**



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1155194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVIN, MARC
6024 SW 8ST
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARC, LEVIN 2915 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEVIN, MICHELLE 2915 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ASBEL, SHARON 15345 S W 77TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ASBEL ELLIOTT 15345 SW 77TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORE MARIA 1801 FERDINAND ST. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000180051
01/13/05-80041-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Date

Daytime Phone #

Marc Levin 1/10/05 (305) 266-1727