**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 18, 2001 8:00 am Secretary of State **DOCUMENT # 580346** 07-18-2001 90014 005 \*\*\*550.00 EAST-WEST REALTY, INC. Principal Place of Business Mailing Address CARLOGAD 628 TURNER STREET 628 TURNER STREET CLEARWATER FL 34616 **CLEARWATER FL 34616** 2. Principal Place of Business 3. Mailing Address Duncan Ave. 300 S. 300 S. Duncan Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 238 Suite 238 City & State City & State 4. FEI Number 59-1921608 Applied For Clearwater, Clearwater, Not Applicable Country U.S.A. Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33755 33755 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEIGEL, BERT Street Address (P.O. Box Number is Not Acceptable) 628XIXIANEX STREET 300 S. Duncan Ave. CLEARWATER FL 346416X 33755 City Zip Code 8. The above named entity subtraits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE **BURRELL. EVERETT** NAME NAME 620 XIVANER STREETX 300 S. Duncan Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEVNANI, SUSANNE NAME NAME 628xTURNER STREETX 300 S. Duncan Ave CLEARWATER FL 33755 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY=ST=ZIP Change TITLE ☐ Delete TITLE ☐ Addition BEIGEL, BERT NAME NAME 628 X WHINER STREET XX 300 S. Duncan Av STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP 33755 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: Bert Beigel

SIGNATURE AND TYPED OR