FILED

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## Jan 15, 2003 8:00 am Secretary of State 664239 DOCUMENT # 1. Entity Name 01-15-2003 90261 026 \*\*\*150.00 WEST PROPERTIES, INC. Principal Place of Business Mailing Address 300 S.W. 124TH AVENUE 300 S.W. 124TH AVENUE 90002875 MIAMI FL 33184-1418 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1977457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, PAUL Street Address (P.O. Box Number is Not Acceptable) 300 S.W. 124TH AVE. **MIAMI FL 33184** Zip Code 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, PAUL NAME NAME STREET ADDRESS 300 S.W. 124TH AVE. STREET ADDRESS CITY-ST-7IP MIAMI FL 33184-1418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, NIDIA NAME NAME STREET ADDRESS 300 S.W. 124TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184-1418 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-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STRÉET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY: ST-ZIP

SIGNATURE: