

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90178 050 ****61.25

DOCUMENT # 724250

1. Entity Name
WESTCHESTER LUXURY INC.



Principal Place of Business
**C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266**

Mailing Address
**C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266**

70014201



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1550133**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **DEL CARMEN PEREZ, MARIAL**
STREET ADDRESS **8990 CORAL WAY, APT. 19**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **VAZQUEZ, RAZZIEL**
STREET ADDRESS **8990 CORAL WAY, APT. 28**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **LLORENTE, AURELIO**
STREET ADDRESS **8990 CORAL WAY, APT. 23**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SUAREZ, RAMON**
STREET ADDRESS **14533 SW 108 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Change Addition
NAME **Carmen T. Suau**
STREET ADDRESS **8990 Coral Way, Apt.217**
CITY-ST-ZIP **Miami Fl 33165**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 Required

1/23/2003

305-593-2295

CR2E037 (10/02)