2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817745 May 01, 2000 8:00 am Secretary of State 1. Entity Name WEST ALTON CORPORATION 05-01-2000 90453 041 ***158.75 Mailing Address Principal Place of Business 900 WEST AVENUE 900 WEST AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-5233 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-0799757 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, MANNY Street Address (P.O. Box Number is Not Acceptable) 900 WEST AVE. MIAMI BEACH FL 33139 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **VPSD** TITLE Delete TITLE GUMENICK, SOPHIA NAME NAME STREET ADDRESS STREET ADDRESS 900 WEST AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition Change TITLE ☐ Delete TITLE **GUMENICK, JEROME** NAME STREET ADDRESS STREET ADDRESS 6600 W. BROAD STREET CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Change ☐ Addition ☐ Delete TITLE TITLE **GUMENICK, RANDOLPH S** NAME NAME STREET ADDRESS STREET ADDRESS 900 WEST AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Addition □ Change ☐ Delete TITLE TITLE **GUMENICK, JEFFREY H** NAME NAME STREET ADDRESS STREET ADDRESS 6600 W. BROAD STREET CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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Daytime Phone #