

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001785 AI

**DOCUMENT # A96000001239**

1. Entity Name  
**WEST HAGEN ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 13 PM 1:33

*mg*



Principal Place of Business  
**3612 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442**

Mailing Address  
**C/O JOANI NEUWIRTH PA  
9007 NW 2 CT.  
PLANTATION FL 33324-7094**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**9810 NW 10 ST**  
Suite, Apt. #, etc.  
City & State  
**Plantation FL**  
Zip Country  
**33322 USA**

4. FEI Number **65-0679069** Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MCAVA REAL ESTATE, INC.  
3612 W. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33324**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$350,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000055480 WEST HAGEN ASSOCIATES, INC. 3612 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442</b>	STREET ADDRESS CITY - ST - ZIP	<b>600003314936--4 -07/06/00--01059--001 *****88.75 *****88.75</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>600003314936--4 -07/06/00--01059--002 *****437.50 *****437.50</b>
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Jonathan Silverman, Pro* **4/23/00 954-209444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_