

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002071**

1. Entity Name  
**WEST CITY WPC, LTD.**

**FILED**

01 SEP 14 PM 12:17

Principal Place of Business  
**1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326**

Mailing Address  
**1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

**DUE BY SEPTEMBER 26, 2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number **65-0783334**

Applied For  
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMIGRAN, KENNETH  
1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$762,300.00**

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 # **P97000082289**  
NAME **WEST CITY WPC, INC.**  
STREET ADDRESS **1840 N. COMMERCIAL PKWY**  
CITY-ST-ZIP **WESTON FL 33326**

STREET ADDRESS  
CITY-ST-ZIP

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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:

*Handwritten Signature*  
**Kenneth E. Simigran**

9/11/01 914-389-7822

000157 AT

CR2E003 (5/01)

STAPLE CHECK HERE