2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F93000004538** May 01, 2000 8:00 am Secretary of State 1. Entity Name WESTHILL CAPITAL CORPORATION 05-01-2000 90312 002 ***150.00 Principal Place of Business Mailing Address C/O BERNSTEIN C/O BERNSTEIN LYNDHURST C51 16681 ISLAND #4 CENTURY VILLAGE EAST DEERFIELD BEAHC FL 33442 **HUNTINGTON BEACH CA 92649-3550** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1379425 Not Applicable 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 PECK, SHERRY Street Address (P.O. Box Number is Not Acceptable) 9053 RON DEN LANE WINDERMERE FL 34786 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD TITLE ☐ Addition TITLE ☐ Delete NAME NAME BERNSTEIN, DAVID A STREET ADDRESS STREET ADDRESS 16681 ISLAND #4 CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON BEACH CA 92649** ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ~~{ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

April 21 2000

714-840-6830

Daytime Phone #