2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # F93000004538 1. Entity Name WESTHILL CAPITAL CORPORATION 03-28-2002 90041 050 ***150.00 Principal Place of Business Mailing Address C/O BERNSTEIN LYNDHURST C51 C/O BERNSTEIN CENTURY VILLAGE EAST 16681 ISLAND #4 DEERFIELD BEAHC FL 33442 **HUNTINGTON BEACH CA 92649** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1379425 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PECK, SHERRY Street Address (P.O. Box Number is Not Acceptable) 9053 RON DEN LANE WINDERMERE FL 34786 City Zip Code FI 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Addition TITLE PCD ☐ Delete TITLE Change NAME BERNSTEIN, DAVID A NAME STREET ADDRESS 16681 ISLAND #4 STREET ADDRESS CITY-ST-ZIP **HUNTINGTON BEACH CA 92649** CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change: ☐ Addition TITLE ** TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change [Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

DAVID A. BERNSTEIN MARCH 11 2002 714-840-6830

with all other like

changed, or on an attachme

SIGNATURE:

FILED