

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90414 001 \*\*\*600.00

**DOCUMENT # H12996**

1. Entity Name

**WESTBROOKE COMMUNITIES, INC.**

Principal Place of Business

**9350 SUNSET DR. SUITE 100  
MIAMI FL 33173**

Mailing Address

**9350 SUNSET DR. SUITE 100  
MIAMI FL 33173**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2511971**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Michael Kean  
Berman & Kean, PA  
2101-W. Commercial Blvd. # 4100  
Ft. Lauderdale, FL 33309**

7. Name and Address of New Registered Agent

**Michael Kean, Berman & Kean, PA  
2101 W. Commercial Blvd. # 4100  
Ft. Lauderdale FL 33309**

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CARR, JAMES**  
STREET ADDRESS **9350 SUNSET DR. SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VS** ☐ Delete  
NAME **EISENACHER, L H**  
STREET ADDRESS **9350 SUNSET DR. SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **V** ☐ Delete  
NAME **IBARRIA, DIANA**  
STREET ADDRESS **9350 SUNSET DRIVE #100**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☒ Delete  
NAME **YURUBI, ROBERT**  
STREET ADDRESS **9350 SUNSET DRIVE #100**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ Delete  
NAME **WEBBER, DAVID**  
STREET ADDRESS **9350 SUNSET DRIVE #100**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☒ Delete  
NAME **MARANTE, FREDDY**  
STREET ADDRESS **9350 SUNSET DRIVE #100**  
CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **ANDREAS STENGOS**  
STREET ADDRESS **20, SOLOMOU STR. ALIMOS**  
CITY-ST-ZIP **174 56 ATHENS, GREECE**

TITLE **V** ☐ Change ☒ Addition  
NAME **LEONARD CHERNYS**  
STREET ADDRESS **9350 SUNSET DRIVE # 100**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold Eisenacher 4/2/01 305.595-3281**

Date

Daytime Phone #

CR2E034 (10/00)