

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90027 033 ***150.00

DOCUMENT # J25262

1. Entity Name

WEST END TRADING CORP.

Principal Place of Business

1600 N. OCEAN BLVD.
APT. 912
POMPANO BEACH FL 33062
US

Mailing Address

PO BOX 490410
PO BOX 490410 FT LAUDERDALE 33349-0410
FT. LAUDERDALE FL 33349
US

2. Principal Place of Business

2163 NW 45 AVE

Suite, Apt. #, etc.

3. Mailing Address

2163 NW 45 AVE

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

Zip

33066

Country

USA

City & State

COCONUT CREEK FL

Zip

33066

Country

USA

4. FEI Number

16-2316032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANMER, R. BRUCE
1401 UNIVERSITY DR.
STE 302
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

VANDA SAULLE

Street Address (P.O. Box Number is Not Acceptable)

2163 NW 45 AVE

City

COCONUT CREEK

FL

Zip Code

33066

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 **DP** ☒ Delete
NAME **JAGR, DENNIS**
STREET ADDRESS **1600 N. OCEAN BLVD., STE. 912**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **DP** ☐ Delete
NAME **VANDA SAULLE**
STREET ADDRESS **2163 NW 45 AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **DVP** ☐ Delete
NAME **NICHOLAS SAULLE**
STREET ADDRESS **2163 NW 45 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

VANDA SAULLE

02/27/01

Date

954-917-6799

Daytime Phone #

CR2E034 (10/00)

0507188