CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am J37899 DOCUMENT # **Secretary of State** 1. Entity Name 01-28-2002 90007 023 ***150.00 FIRST WESTERN BANK Principal Place of Business Mailing Address 5854 SOUTH FLAMINGO ROAD 5854 SOUTH FLAMINGO ROAD COOPER CITY FL COOPER CITY FL 2. Principal Place of Business 3. Mailing Address * ' ... DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2497326 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 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 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 12. TITLE Change TITLE ☐ Delete D MALINOFF, DAVID E NAME GEORGE RUSSELL 11265 ROUNDELAY ROAD STREET ADDRESS STREET ADDRESS 15438 S.W. 31st Street COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-ZIP Davie, Florida 33331 TITLE ☐ Delete TITLE Change 🙀 Addition LEGG, ROBERT P. NAME NAME 1800 N. DOUGLAS ROAD STREET ADDRESS STREET ADDRESS GARY ARENSON PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP 6345 Saratoga Circle JITLE. Davie, Elorida 33331_ ☐ Change Addition | LINTON, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 3000 ABEL ROAD LAKE PLACID FL 33852 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition KAPLAN, EDWARD NAME NAME ROBERT OGONOWSKI STREET ADDRESS 3822 N. 41ST AVENUE STREET ADDRESS 3917 Lymestone Drive HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Cooper Gity, Florida 33026 Change ☐ Addition TITLE ☐ Defete TITLE KELLER, RICHARD NAME MAME STREET ADDRESS 2780 S.W. 116 AVENUE STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33330** CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE. JOHNSON, JAMES NAME NAME STREET ADDRESS 9760 NW 11TH ST STREET ADDRESS CITY-ST-ZIP PLANTATION FL 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 eccever 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 an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE