

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90045 038 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J68103

1. Corporation Name

EAST & WEST UNLIMITED FLORIDA CORPORATION

Principal Place of Business

1531 SE PT ST LUCIE BLVD
 1201 HAYS STREET
 PORT ST LUCIE FL 34952
 US

Mailing Address

1531 SE PT ST LUCIE BLVD
 1201 HAYS STREET
 PORT ST LUCIE FL 34952
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1987

4. FEI Number

59-2799458

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1531 SE PT St. Lucie Blvd

Suite, Apt. #, etc.

2a. Mailing Address

26 1531 SE PT St. Lucie Blvd

Suite, Apt. #, etc.

City & State

23 Port St. Lucie, FL

Zip

24 34952

Country

25 US

City & State

28 Port St. Lucie, FL

Zip

29 34952

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

ELYA KIEVSKY

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

1531 SE. PORT ST. LUCIE BLVD

83

84 City

PORT ST. LUCIE FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Elya Kievsky PRES. ELYA KIEVSKY
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/02/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KIEVSKY, ELYA	
STREET ADDRESS	798 RIVER COURT	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAYEGH, GHASSAN K.	
STREET ADDRESS	11 AGNOLA ST	
CITY-ST-ZIP	TUCKAHOE NY 10707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	60 Post street #4B
2.4 CITY-ST-ZIP	YONKERS NY 10705
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. Sayegh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 (718) 686-1300
 Date Daytime Phone

CR2034 (1/98)