**2001 UNIFORM BUSINESS REPORT (UBR)** Apr 16, 2001 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name WEST PAIM EXPRESS, INC 04-16-2001 90270 042 \*\*\*150.00 Mailing Address Principal Place of Business Lake worth rd Ste 203 cake worth, Fl. 33461 AD049409 2. Principal Place of Business 3. Mailing Address  $C_{i}$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE-IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SuzAnne Kaltbaum Kaltbaum Street Address (P.O. Box Number is Not Acceptable) 257 New Gate 100 P new bate loop Heathrow, Fl. 32746 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 9. This corporation is eligible to satisfy its Intancib FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 12. VICE President Vice proident Addition P Delete ☐ Change TITLE TITLE Gary Kaltbaum NAME Margaret Mcquire NAME I new Gate LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete Delete TITLE Rose Thomashow NAME: nob la Mirada Pr Boca Raton Fl 3343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 100 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 of trustee emowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in Block 12 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: