

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90002 020 ****50.00

DOCUMENT # L00000007450

1. Entity Name

32 WEST FINANCIAL GROUP, LLC

Principal Place of Business

**7100 NW 100 TERRACE
TAMARAC FL 33321**

Mailing Address

**7100 NW 100 TERRACE
TAMARAC FL 33321**

2. Principal Place of Business

32 SW 5th AVE

3. Mailing Address

32 SW 5th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33444-YSIV USA

Zip

Country

33444-YSIV USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1018689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Sharon Higginbotham - Restrepo

32 S.W. 5th Avenue

Delray Beach FL 33444

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 **Sharon Higginbotham**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **HIGGINBOTHAM, SHARON**
STREET ADDRESS **7100 NW 100 TERRACE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **V** ☐ Delete
NAME **BENT, DWAN**
STREET ADDRESS **581 ANCHOR PT.**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **Higginbotham - Restrepo, Sharon**
STREET ADDRESS **3800 Washington Rd #1102**
CITY-ST-ZIP **West Palm Beach, FL 33405**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **Sharon Higginbotham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-02 5618191900

CR2E083 (9/01)