

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90414 001 \*\*\*600.00

**DOCUMENT # M64793**

1. Entity Name

**WESTBROOKE AT SUNRISE, INC.**

Principal Place of Business

**9350 SUNSET DRIVE SUITE 100  
MIAMI FL 33173**

Mailing Address

**9350 SUNSET DRIVE SUITE 100  
MIAMI FL 33173**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0032094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Michael Kean  
Berman & Kean, PA  
2101 W. Commercial Blvd., # 4100  
Ft. Lauderdale, FL 33309**

7. Name and Address of New Registered Agent

**Michael Kean - Berman & Kean, PA  
2101 W. Commercial Blvd. # 4100  
Ft. Lauderdale FL 33309**

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	PD	<input type="checkbox"/> Delete
NAME	CARR, JAMES	
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	EISENACHER, L HAROLD	
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	CHERNYS, LEONARD	
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**Harold Eisenacher** 4/2/01 305.595.3281

Date

Daytime Phone #

CR2E034 (10/00)