

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 24459**

1. Entity Name

**WEST SEVENTEEN MAINTENANCE CORP, INC.**

Principal Place of Business

Mailing Address

**CLP  
MICHAEL S HOST  
7104 N.W. 76 DR  
TAMARAC, FL 33321**

**SAME**

2. Principal Place of Business

3. Mailing Address

**7104 N.W. 76 DR**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC FL**

City & State

4. FEI Number

**65-0025316**

Applied For

Not Applicable

Zip

**33321**

Country

**BROWARD**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

00020100

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID HELMS  
7213 N.W. 76 PL  
TAMARAC, FL 33321**

Name

**MICHAEL SHOST**

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

**7104 N.W. 76 DR**

City

**TAMARAC**

**FL**

Zip Code

**33321**

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.

**MICHAEL SHOST, PRES**

SIGNATURE

**Michael Shost**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/13/01**

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MICHAEL SHOST**  
STREET ADDRESS **7104 N.W. 76 DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE **VPD** ☐ Delete  
NAME **HYMAN ZIPSTEIN**  
STREET ADDRESS **7610 N.W. 72 WAY**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE **TD** ☐ Delete  
NAME **JEAN M. WEIZENECKER**  
STREET ADDRESS **7618 N.W. 71 AVE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE **ATK-B** ☐ Delete  
NAME **NORMA BICKOFF**  
STREET ADDRESS **7202 N.W. 76 DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Jean M. Weizenecker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)