

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24459

1. Entity Name

WEST SEVENTEEN MAINTENANCE CORPORATION, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90221 032 ****61.25

Principal Place of Business

7104 NW 76 DRIVE
C/O MICHAEL SHOST
TAMARAC FL 33321

Mailing Address

7104 NW 76 DRIVE
C/O MICHAEL SHOST
TAMARAC FL 33321

00020010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0025316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOST, MICHAEL
7104 NW 76 DRIVE
TAMARAC FL 33321

Name

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

City

FL

Zip Code

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

SIGNATURE *Michael Shost*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02

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 TD
NAME WEIZENECKER, JEAN M ☐ Delete
STREET ADDRESS 7618 NW 71ST AVE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TSD
NAME BICKOFF, NORMA ☐ Delete
STREET ADDRESS 7202 NW 76TH DRIVE
CITY-ST-ZIP TAMARAC FL

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

TITLE PD
NAME SHOST, MICHAEL ☐ Delete
STREET ADDRESS 7104 NW 76 DRIVE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VPD
NAME ZIPSTEIN, HYMAN ☐ Delete
STREET ADDRESS 7610 NW 72 WAY
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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)