2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
08-19-2002 90001 015 ***550.00

DOCUMENT # P00000041754

1. Entity Name
EASTWEST RESEARCH CORPORATION
✓

Principal Place of Business	Mailing Address
~~700 SE THIRD AVE., 3RD FL~~	~~700 SE THIRD AVE., 3RD FL~~
FT. LAUDERDALE FL ~~33316~~	FT. LAUDERDALE FL ~~33316~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 E Las Olas Blvd	450 E. Las Olas Blvd
Suite, Apt. #, etc. 950	Suite, Apt. #, etc. 950
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip 33301 Country USA	Zip 33301 Country USA

4. FEI Number 65-1004244 ☐ Applied For ☐ Not Applicable

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
BERMAN, DAVID E	Name
~~200 LESLIE DR APT 310~~ 343 Leslie Drive	Street Address (P.O. Box Number is Not Acceptable) 343 Leslie Drive
HALLANDALE FL 33009	City Hallandale FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8/09/02
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 $550.00
After September 13, 2002 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERMAN, DAVID E ~~700 SE THIRD AVE., 3RD FL~~ FT. LAUDERDALE FL 33316 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Berman, David E 450 E Las Olas Blvd #950 Ft Lauderdale FL 33301 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED [signature] 8/09/02 954-728-2516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #