

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90012 002 \*\*\*150.00

DOCUMENT #P00000046047

1. Entity Name **WEST END COMMUNICATIONS, INC.**

Principal Place of Business Mailing Address  
**3001 W. HALLANDALE BEACH BLVD. SAME**  
**PEMBROKE PARK, FLORIDA 3009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1006806**

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

**DAVIS, RONALD L**  
**1550 NE MIAMI GARDENS DRIVE #407**  
**SKYLAKE STATE BANK BLDG**  
**NORTH MIAMI BEACH FL 33179**

Name **MARTIN KALCHSTEIN**

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

**3001 W. HALLANDALE BEACH, BLVD.**

City **PEMBROKE PARK,**

**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.

SIGNATURE

*Martin Kalchstein*

**MARTIN KALCHSTEIN**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PRESIDENT-DIRECTOR**  
 STREET ADDRESS **MARTIN KALCHSTEIN**  
 CITY-ST-ZIP **3001 W. HALLANDALE BEACH BLVD.**  
**PEMBROKE PARK, FL 33009**

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

TITLE ☒ Delete  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **JORGE MENA**  
 CITY-ST-ZIP **3001 W. HALLANDALE BEACH BLVD.**  
**PEMBROKE PARK, FL 33009**

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

TITLE ☒ Delete  
 NAME **SECRETARY?TREASURER**  
 STREET ADDRESS **LEO CORTES**  
 CITY-ST-ZIP **SAME AS ABOVE**

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

TITLE ☒ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **RONALD L. DAVIS**  
 CITY-ST-ZIP **SAME AS ABOVE**

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

TITLE ☒ Delete  
 NAME **VP/D**  
 STREET ADDRESS **RAMON ALMANZAR**  
 CITY-ST-ZIP **SAME AS ABOVE**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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

**MARTIN KALCHSTEIN, PRESIDENT**

Date

Daytime Phone #