

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000115816

1. Entity Name

BEKKER, NYGARD & WEST, INC.

Principal Place of Business Mailing Address

4508 Inverrary Blvd.,
Lauderhill, FL. 33319

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 65-1062409	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		
Seidensticker & San Filippo, LLP 1100 Fifth Ave., Ste. 405 Naples, FL. 34102		Name Joseph H. West Street Address (P.O. Box Number is Not Acceptable) 437 Lakeview Drive, Bldg.88 #103 City Weston, FL Zip Code 33326		

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 

Joseph H. West

April 23, 2001

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

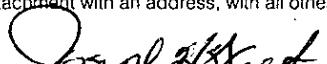
10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph H. West <input type="checkbox"/> Delete 437 Lakeview Dr. #88-103 Weston, FL. 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph H. West <input type="checkbox"/> Change <input type="checkbox"/> Addition 437 Lakeview Dr. #88-103 Weston, FL. 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Reynoldi Nygard <input type="checkbox"/> Delete 7511 N.W. 9th St., Plantation, FL. 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Reynoldi Nygard <input type="checkbox"/> Change <input type="checkbox"/> Addition 7511 N.W. 9th St., Plantation, FL. 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Nigel A. Bekker <input checked="" type="checkbox"/> Delete 754 S.E. 19th Ave. #124 Deerfield Beach, FL. 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

Joseph H. West

4-23-01

(954) 747-8939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #