

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 013 ***150.00

DOCUMENT # P01000045564

1. Entity Name

WEST DELRAY INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

502 SW FLAGLER AVE

3. Mailing Address

502 SW FLAGLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐
\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY PASQUALE

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

8715 SAWPINE RD

City

DELRAY BEACH

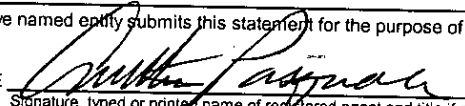
FL

Zip Code

33446

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

 PRES. ANTHONY PASQUALE

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

(NOTE: Registered Agent signature required when reinstating)

4/27/02
DATE
 9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

 January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 PRESIDENT
ANTHONY PASQUALE
8715 SAWPINE RD.
DELRAY BEACH, FL 33446

 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 VICE PRESIDENT
STEVEN SCOTT CLARK
502 SW FLAGLER AVE
FORT LAUDERDALE, FL 33301

 TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 ANTHONY PASQUALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #