

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 006 ***150.00

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DOCUMENT # P02000024180

1. Entity Name

WEST PROFESSIONAL CONSTRUCTION, INC.



Principal Place of Business

952 NW 6 ST

4

MIAMI FL 33136

Mailing Address

952 NW 6 ST

4

MIAMI FL 33136

2. Principal Place of Business

952 NW 6 St.

4

MIAMI FL 33136

3. Mailing Address

952 NW 6 St

4

MIAMI FL 33136

Suite, Apt. #, etc.

Miami, FL 33136

Suite, Apt. #, etc.

Miami, FL 33136

Zip

Country

USA

Zip

Country

USA

4. FEI Number

75-3019276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PALACIOS, AZUCENA S

952 NW 6 ST

4

MIAMI FL 33136

7. Name and Address of New Registered Agent

Name

WEST, LUIS A.

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

952 NW 6 St.

4

City

Miami

FL

Zip Code

33136

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 **Luis A. West,**

04/28/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PALACIOS, AZUCENA S**
STREET ADDRESS **952 NW 6 ST # 4**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Registered Agent** ☐ Change ☒ Addition
NAME **West, Luis A.**
STREET ADDRESS **952 NW 6 St. 4**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 607, 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: **Palacios** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003 (305)324-8417

Date Daytime Phone #

CR2E034 (10/02)