2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000048629 DOCUMENT # 1. Entity Name 04-21-2003 90392 048 ***150.00 WEST GROUP REALTY, INC. Principal Place of Business Mailing Address 10394 LAKE VISTA CIRCLE 10394 LAKE VISTA CIRCLE **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address 19633 STAR ISLAND DRIVE 19633 STAR ISLAND DRIVE CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For BOCA BATON ORIDA Not Applicable ORIDA <u> 01 - 0686435</u> Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST, ZAK Street Address (P.O. Box Number is Not Acceptable) 10394 LAKE VISTA CIRCLE **BOCA RATON FL 33498** Gity BOCA KATON 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition CR2E034 (10/02) Change TIT1 F TITLE ☐ Delete WEST, ZAK NAME NAME 19633 STAR ISLAND DRIVE 10394 LAKE VISTA CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-ZIP BOCA RMON, FLORIDA TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chy-S1=ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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

<u> 561 - 306 - 9.378</u>