

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P92000000354

1. Entity Name
WESTBROOK FAMILY CORPORATION

Principal Place of Business
 158 SOUTH PROSPECT DR
 CORAL GABLES FL 33133 US

Mailing Address
 P O BOX 113440
 MIAMI FL 33111 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
65-0369899

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WESTBROOK HUGH A
 158 SOUTH PROSPECT DRIVE
 CORAL GABLES FL 33133 US

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE **04/26/2001**

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	
T NAME WESTBROOK CAROLE SHIELDS STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Delete
S NAME WESTBROOK CAROLE S STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Delete
P NAME WESTBROOK HUGH A STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Delete
D NAME WESTBROOK CAROLE S STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Delete
D NAME WESTBROOK HUGH A STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME WESTBROOK CAROLE SHIELDS STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME WESTBROOK CAROLE S STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME WESTBROOK HUGH A STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME WESTBROOK CAROLE S STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME WESTBROOK HUGH A STREET ADDRESS 158 S PROSPECT DRIVE CITY-ST-ZIP CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Hugh A. Westbrook **D** **04/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)