

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008713

1. Entity Name

WESTBOURNE, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90055 022 \*\*\*150.00

Principal Place of Business

169 LINCOLN RD.  
SUITE 320  
MIAMI BEACH FL 33139

Mailing Address

169 LINCOLN RD.  
SUITE 320  
MIAMI BEACH FL 33140-1337

626579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2901 COLLINS AVE.

3. Mailing Address

P.O. Box 403337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOWER LOBBY

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

Zip

33140-1337

Country

USA

4. FEI Number

65-0376194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE E  
2901 COLLINS AVE  
SUITE M  
MIAMI BEACH FL 33140

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COONEY, JOHN W  
3190 VIA ABITARE  
COCONUT GROVE FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LAZAR, BRUCE E  
2843 S. BAYSHORE DR. #7-B  
COCONUT GROVE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MATHIA, JUDITH L  
419 SW 31 RD  
MIAMI FL 33129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN W. COONEY, PRESIDENT

Date

Daytime Phone #

3/1/2000 305538-2333

CR2F034 (9/99)