2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an at

SIGNATURE:

address, with all other like empowered

FILED Jun 01, 2000 8:00 am Secretary of State DOCUMENT # **P92000009108** 1. Entity Name EAST-WEST ENTERPRISES LIMITED, INC. 06-01-2000 90002 035 ***150.00 Principal Place of Business Mailing Address 1855 DR ANDRE'S WAY 8479 MICHAEL DR BOYNTON BEACH FL 33437-1054 STE. 4 AUUJJJJS **DELRAY BEACH FL 33445** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0389486 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN J. MANDESE-Paxman, John T Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE STE, 801. 1855 DR. ANDRES W44 WESTPALM BEACH FL-33401 City 8. The above nam mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MANGETE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed o of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE Delete MANDESE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 8479 MICHAEL DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 of 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

Daytime Phone #