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07-14-2003 90348 050 ****61.25
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03 JUL 17 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036612

1. Entity Name
PARK CENTRE WEST CORP.

DO NOT WRITE IN THIS SPACE

90142701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
55 WESTON ROAD	4685 HAVERHILL Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: WEST PALM BEACH FL
Zip: 33326 Country: BROWARD	Zip: 33417 Country: PALM BEACH

4. FEI Number: 65-0415530 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BARNETT GUTHARTZ

Street Address (P.O. Box Number is Not Acceptable): 4685 HAVER HILL ROAD

City: WEST PALM BEACH FL Zip Code: 33417

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: BARNETT GUTHARTZ Barnett Guthartz 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
** Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AND DIRECTOR BARNETT GUTHARTZ 4685 HAVERHILL Rd WPB FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES & DIRECTOR STANLEY ERSKINE 55 WESTON Rd #300 FTLAUD FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RAY BALDWIN 4685 HAVERHILL ROAD W.P.Bch FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LARRY IMBER 4685 HAVERHILL Rd W.P.Bch FL 33417
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CR2E034E (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BARNETT GUTHARTZ Barnett Guthartz 7/8/03 561 [redacted]-640 0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #