FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000052601**

WESTEND DEVELOPERS, INC.

Principal Place of Business
2240 DATE PALM ROAD BOCA RATON FL 33432
BOCA RATON FL 33432

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90021 026 ***150.00



Principal Place of Business	of Business Mailing Address		, , , , , , , , , , , , , , , , , , , ,	•				
2240 DATE PALM ROAD 2240 DATI BOCA RATON FL 33432 BOCA RA		=	DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualifed 07/26/1993					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For				
· ·	26	_	65-0439022	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip	Country	8. This corporation owes the current year Intangible					
24 25	29	30	Personal Property Tax.					
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	Section 1	81 Name						
REICH, MICHELLE 2240 DATE PALM ROAD BOCA RATON FL 33432		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)					
		83	· · · · · · · · · · · · · · · · · · ·					
		84 City	F	85 Zip Code				
11. Pursuant to the provisions of Sections 60 office of registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change w	as authorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	Salahon 22 regions 2				
SIGNATURE			The Property of the Control of the C	<u> </u>				
Signature, typed or printed name of registr			uired when reinstating)	AND DIDECTORS IN 42				
40 OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 125				

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature requir		reconstruction of the second	DATE		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CH				RS IN 125	
12.		DELETE	1.1 TITLE	\$		· · · · ·	☐ Change	Addition
TITLE	- ייעט	_,,	1.2 NAME		•		•	
NAME	SAIZ, CESAR							
STREET ADDRESS	12320 NW 18 STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP				Change	Addition
TITLE	DPS] DELETE	2.1 TITLE				☐ Cliarige	
NAME	REICH, MICHELLE		2.2 NAME		•			{
STREET ADDRESS	2240 DATE PALM ROAD		2.3 STREET ADDRESS				•	. }
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP				. · <u> </u>	
TITLE		DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	Maria Barana da Baran		3.2 NAME					
\$ -27,27,4			3.3 STREET ADDRESS	• .	ومعودان برجاني	53 % \$5 (£3%)	Bu≱d⊀ harr	75 503, 200731
STREET ADDRESS	A TOP STORE OF THE PERSON OF T		3.4. CITY-ST-ZIP					
CITY-ST-ZIP		DELETE	4.1 TITLE	1			↑ Change	. Addition
TITLE			4.2 NAME					
NAME	\$. · ·		1					ļ
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		-		Change	Addition
TITLE	l	DELETE	5.1 TITLE	4 24 8	•		□ Clialige	
NAME			5.2 NAME	Co.	;		•	ĺ
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	126 B		5.4 CITY-ST-ZIP	*				
TITLE	:	_ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME		•			•
	30 g 30		6.3 STREET ADDRESS	,	•			
STREET ADDRESS			6.4 CITY-ST-ZIP	•				
CITY-ST-ZIP				0 (440.07(0)() (416 - 414 -41 1-	-farmation

14. 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 annual report or supplemental annual 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🖊

Michelle Reich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR