

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90062 016 \*\*\*158.75

**DOCUMENT # P94000007226**

1. Entity Name  
**EAST WEST TELCO INC.**

Principal Place of Business <b>3911 NW 97TH AVE          HOLLYWOOD FL 33024          US</b>	Mailing Address <b>3911 NW 97TH AVE          HOLLYWOOD FL 33024-9029          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13620 Stirling Rd.</b>	3. Mailing Address <b>13620 Stirling Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pt. Lauderdale, FL</b>	City & State <b>Pt. Lauderdale, FL</b>
Zip <b>33330</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**ANDERSON, GIFFORD J  
 3911 NW 97TH AVE  
 390  
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent  
 Name **J.R. Anderson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13600 Stirling Rd.**  
 City **Pt. Lauderdale FL** Zip Code **33330**

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 J.R. Anderson (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE) Registered Agent signature required when reinstating.  
 DATE 3/6/00

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	<input type="checkbox"/> Delete <b>P GIFFORD, ROBERT 8362 PINES BLVD, 390 PEMBROKE PINES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <del>Robert Gifford 13620 Stirling Rd. Pt. Lauderdale, FL 33330</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Robert Gifford - P</del> <b>13600 Stirling Rd. Pt. Lauderdale, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: R.W. Gifford R.W. Gifford Pres. 3/6/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)