

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026969

1. Entity Name

WEST ISLAND PHILATELICS (U.S.A.), INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 003 ***150.00

Principal Place of Business

Mailing Address

1720 HARRISON ST
#1815
HOLLYWOOD FL 33020
US

1720 HARRISON ST
#1815
HOLLYWOOD FL 33020-6812
US

341098

2. Principal Place of Business

3. Mailing Address

1065 Twin Branch Lane
Suite, Apt. #, etc.

PO BOX 266677
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number 65-0493682

Applied For
Not Applicable

Zip
33326

Country

Zip
33326

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEED, KOROSS F
350 SE 2ND STREET
SUITE 500
FORT LAUDERDALE FL 33301

Name Jay Shapiro

Street Address (P.O. Box Number is Not Acceptable)

1625 N. Commerce Parkway, Ste. 225

City Weston

FL

Zip Code 33326

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 fee (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME HASID, ARIEL
STREET ADDRESS 1720 HARRISON ST., SUITE 1815
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE
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CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Date

Daytime Phone #

(954) 385-9905