

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000035653**

1. Entity Name

WESTBROOKE AT PEMBROKE PINES, INC.**FILED**
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90050 017 ***150.00

Principal Place of Business

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173
US

Mailing Address

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173-3245
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510377

Applied For

Not Applicable

Zip

Country

Zip

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 title if 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 State10. 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 **P** ☐ Delete
NAME **CARR, JAMES**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI FL**TITLE **V** ☐ Change ☒ Addition
NAME **LEONARD CHERNYS**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI, FL**TITLE **S** ☐ Delete
NAME **EISENACHER, HAROLD L**
STREET ADDRESS **9350 SUNSET DRIVE SUITE 100**
CITY-ST-ZIP **MIAMI FL**TITLE **V/S** ☒ Change ☐ Addition
NAME **HAROLD EISENACHER**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI, FL**TITLE **D** ☒ Delete
NAME **MCCRAW, MIKE**
STREET ADDRESS **5999 SUMMERSIDE DR SUITE 110**
CITY-ST-ZIP **DALLAS TX 75252**TITLE **V** ☐ Change ☒ Addition
NAME **ROBERT YURUBI**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI, FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **ANDREAS STENGOS**
STREET ADDRESS **20, SOLOMOU STR. ALIMOS**
CITY-ST-ZIP **174 56 ATHENS, GREECE**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Change ☒ Addition
NAME **FREDDY MARANTE**
STREET ADDRESS **9350 SUNSET DRIVE # 100**
CITY-ST-ZIP **MIAMI, FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Change ☒ Addition
NAME **DIANA IBARRIA**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI, FL**

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

Harold Eisenacher
Harold Eisenacher**5/1/00**
Date**305-595-3281**
Daytime Phone #

CR2E034 (9/99)