2002 UNIFORM BUSINESS REPORT (UBR)

P94000055530 **DOCUMENT #** 1. Entity Name

WESTBROOKE AT WINSTON TRAILS, INC.

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90186 028 ***150.00

Principal Pla	ace of Busines	ss	Mailing Address									
9350 SUNSET DRIVE			9350 SUNSET DRIVE									
SUITE 100			SUITE 100									
MIAMI FL 33	173	MIAMI FL 33173										
บร			US						<u> </u>	'I al ania estil s e	a a a a a a a a a a a a a a a a a a a 	H aa iilik ca li i aa i
2. Principal	Place of Busin	ness	3. Mailing Address			-						
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI	Number	65-05201	73		Applied For Not Applicable
Zip		Country	Zip Country				5. Cert	tificate of	Status Desire	d 🗌	\$8.75 /	Additional
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent					
	-		Name				and reduces of rich registried Agent					
KEAN, M	ICHAEL		-			4))	(P.O. Box Number is Not Acceptable)					
Berman	& KEAN, PA	4	Street Address			Address (P.	O. Box	Number is	s Not Accepta	able)		
2101 W (COMMERCIA	L BLVD, STE 4100			-			_,				.,
	UDERDALE				<u>-</u> .					4		
				City	City					Zip C	ode	
8. The above	e named entity	submits this statement for t	he purpose of changing its	registere	ed office o	or registered	d agent,	or both, i	in the State of	Florida.	L	-
						J	U .			, romadi		
SIGNATURE												
	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered	d Agent signa	ture required w	hen reinsta	ting)		DATE		
9. This corp	oration is eligi	ble to satisfy its Intangible	FILE NOW!	FILE NOW!!! FEE IS \$150.00								
Tax filing	requirement a	ind elects to do so.	After May 1, 2002 Fee will be \$550.00			550.00	- 1		on Campaign	-		.00 May Be
(See crite	ria on back)		Make Check Payab	le to De	partmen	nt of State		Trust r	² und Contribu	ition.	☐ Add	led to Fees
11.	·-	OFFICERS AND DI	RECTORS	12.			ADDIT	IONS/CH	ANGES TO O	FFICERS AN	ID DIRECTO	RS IN 11
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STREET ADDRESS SITY-ST-ZIP					ADDRESS	15 33		AJto	on Par	Luan	!	
	and first and a second			. CITY-S		IVVI	Ne,	/ / /\	- 921	018 /		
o. Thereby o	erniy mai me	information supplied with this	s filing does not qualify for t	he exem	ption state	ed in Section	on 119.0	7(3)(i), Ek	orida Statutes	i further ce	rtify 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:

The Color of the Color of the SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date