

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000082796**1. Entity Name  
WESTERN ESTATES DEVELOPMENT INC.Principal Place of Business  
19790 SW 152 AVE.  
MIAMI FL 33187 US  
Mailing Address  
P.O. BOX 971507  
MIAMI FL 33197 US2. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
13255 SW 135 AVENUE  
Suite, Apt. #, etc.City & State  
MIAMI FLZip Country  
33186 US4. FEI Number  
**65-0533399**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KONDLA RICHARD FESQ  
4555 SW 88TH STREET  
STE 201  
MIAMI FL 33176 US**7. Name and Address of New Registered Agent**Name  
KONDLA RICHARD FESQ  
Street Address (P.O. Box Number is Not Acceptable)  
9555 SW 88TH STREET  
STE 201  
City MIAMI FL Zip Code 33176

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 \_\_\_\_\_ **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	VTSD	<input type="checkbox"/> Delete
NAME	SIU JAVIER E.	
STREET ADDRESS	17970 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VINAS ROBERT	
STREET ADDRESS	17970 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIU JAVIER E.	
STREET ADDRESS	13255 SW 135 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAS ROBERT	
STREET ADDRESS	13255 SW 135 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Javier E. Siu

V

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)