## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MELBOURNE FL 32904-1074

50 WEST DR

## DOCUMENT # P95000007276

1. Entity Name

WEST DR

Principal Place of Business

MELBOURNE FL 32904

**SIGNATURE:** 

M.S. HALPERN & ASSOCIATES, INC.

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2. Principal P	Place of Busin	ess	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS	SPACE		
City & State						<b>4.</b> F	4. FEI Number 41-1673179 Applied For Not Applied				
Zip Country Zip					ntry	5. (	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
	6. Name	and Address of Current	Registered Agent	_1	T	7. N	lame and Address of New Re	gistered	Agent		
				_	Name		<del>,.</del>	:	<del>-</del>		
HALPERN, MICHAEL 50 WEST DR MELBOURNE FL 32904					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	e	
SIGNATURE .	Signature, typed	or printed large of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature re		ent, or both, in the State of Flor	da.		· · ·	
Tax filing r	•	ible to satisfy its Intangible and elects to do so.	After MAY 1, 20 Make Check Paya	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State							
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 WEST	, MICHAEL S DR RNE FL 32904	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		•	-		°ag °	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· ·				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
13. I hereby of indicated of the core	l on this repor rporation or th	t or supplemental report is ne receiver or trustee emp	true and accurate and that	my signa t as requi	iture shall have	the same l	119.07(3)(i), Florida Statutes. I legal effect as if made under or da Statutes; and that my name	ath that ta	am an officer	or director	

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90041 015 \*\*\*150.00

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