

2000' UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 013 ***150.00

DOCUMENT # P95000079362

1. Entity Name

WEST HILL INDUSTRIAL CORP.

Principal Place of Business

Mailing Address

**999 PONCE DE LEON BLVD.
 SUITE 720
 CORAL GABLES FL 33134**

**999 PONCE DE LEON BLVD.
 SUITE 720
 CORAL GABLES FL 33134-3042**

C0036638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0643137

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

Name

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

City

FL

Zip Code

**CARRERAS, RAUL JR
 999 PONCE DE LEON BLVD.
 SUITE 720
 CORAL GABLES FL 33134**

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 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	PD	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, ALBERTO I	
STREET ADDRESS	8190 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, ALBERTO C	
STREET ADDRESS	8190 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, ANA L	
STREET ADDRESS	8190 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	BUSTAMANTE DE LOPEZ, MARIA A	
STREET ADDRESS	8190 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, GLADYS M	
STREET ADDRESS	8190 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
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		
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		

CR2E034 (9/99)

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.

**ALBERTO BUSTAMANTE I.
 President**

Mar 3, 2000

(305) 448-8811

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #