

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90018 037 \*\*\*150.00

DOCUMENT # P 96000078655

Entity Name

West City Partners, Inc.

Principal Place of Business	Mailing Address
C/o Carey Kramer Company	C/o Carey Kramer Company
3265 Meridian Pkwy.	3265 Meridian Pkwy.
Suite 100	Suite 100
Ft. Lauderdale, FL 33331	Ft. Lauderdale, FL 33331

Principal Place of Business	3. Mailing Address
840 N. Commerce Pkwy.	1840 N. Commerce Pkwy.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3	Suite 3

City & State	City & State
Weston, FL	Weston, FL

Zip	Country	Zip	Country
33326	USA	33326	USA

4. FEI Number	Applied For
65-0696878	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

K. Lawrence Gragg  
 c/o White & Case  
 700 S. Biscayne Blvd., Suite 4900  
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name  
 Kenneth H. Simigran, c/o Carey Kramer Company  
 Street Address (P.O. Box Number is Not Acceptable)  
 1840 N. Commerce Pkwy.  
 Suite 3  
 City  
 Weston FL Zip Code  
 33326

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	<i>Kenneth H. Simigran</i>	Kenneth H. Simigran	4/28/00
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	

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.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D SIMIGRAN, KENNETH H C/O CAREY KRAMER COMPANY	NAME	
ST- ZIP	WESTON FL 33326	STREET ADDRESS	
		CITY- ST- ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D REX, ALBERT G C/O CAREY KRAMER COMPANY	NAME	
ST- ZIP	WESTON FL 33326	STREET ADDRESS	
		CITY- ST- ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	

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:	<i>Kenneth H. Simigran</i>	Kenneth H. Simigran	4/28/00	(954) 389-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E034 (9/99)