

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092542

1. Entity Name

WEST REGIONAL CENTER, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90097 024 \*\*\*150.00

Principal Place of Business

Mailing Address

3401 WEST 4TH AVENUE  
SUITE 100  
HIALEAH FL 33012

3401 WEST 4TH AVENUE  
SUITE 100  
HIALEAH FL 33012

2. Principal Place of Business

3401 W. 4 AVE

3. Mailing Address

3401 W. 4 AVE

Suite, Apt. #, etc.

S-100

Suite, Apt. #, etc.

S-100

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

U.S.A.

Zip

33012

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUGO, LUPE  
6440 SW 23RD ST  
MIAMI FL 33155

Name

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

City

FL

Zip Code

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

*Lupe Lugo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/01  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HENENDEZ, MITCHELL  
1033 SW 142 PL  
MIAMI FL 33184

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 (305) 805-1007

CR2E034 (10/00)