

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90054 043 \*\*\*150.00

**DOCUMENT # P97000061525**

1. Entity Name

**EAST WEST COMMUNICATIONS, INC.**

Principal Place of Business

**4301 OAK CIRCLE  
 UNIT 10  
 BOCA RATON FL 33431**

Mailing Address

**4301 OAK CIRCLE  
 UNIT 10  
 BOCA RATON FL 33431  
 US**

2. Principal Place of Business

**16 SPANISH RIVER DRIVE**

3. Mailing Address

**16 SPANISH RIVER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OCEAN RIDGE, FL**

City & State

**OCEAN RIDGE, FL**

4. FEI Number

**65-0775179**

Applied For

Not Applicable

Zip

Country

**33435**

**USA**

Zip

Country

**33435**

**USA**

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

**YOHE, MARK D  
 680 W INDUSTRIAL AVE #4  
 BOYNTON BEACH FL 33426**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**PRESIDENT JAMES P. STEVENSON**

**Apr 16, 2001**

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	PD	<input type="checkbox"/> Delete
NAME	STEVENS, JAMES P	
STREET ADDRESS	16 SPANISH RIVER DR	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROSENBERG, GENE	
STREET ADDRESS	10348 186TH CT SO	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOHE, MARK D	
STREET ADDRESS	680 W INDUSTRIAL AVE #4	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES P. STEVENSON**

Date

Daytime Phone #

**Apr 16, 2001 (561) 736-1448**

CR2E034 (10/00)