

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90080 030 ***550.00

DOCUMENT # P97000082289

1. Entity Name
WEST CITY WPC, INC.

Principal Place of Business
~~1840 N. COMMERCE PARKWAY~~
~~STE 3~~
~~FORT LAUDERDALE FL 33326~~

Mailing Address
~~1840 N. COMMERCE PARKWAY~~
~~STE 3~~
~~FORT LAUDERDALE FL 33326~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHANGE OF ADDRESS
150 E. Palmetto Park Road #401
Boca Raton, FL 33432

Zip Country

4. FEI Number **65-0783331**

Applied For
 Not Applicable

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

~~SIMIGRAN, KENNETH~~
~~CAR CAREY KRAMER~~
~~1840 N. COMMERCE PARKWAY STE 3~~
~~FORT LAUDERDALE FL 33326~~

CHANGE OF ADDRESS
150 E. Palmetto Park Road #401
Boca Raton, FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SIMIGRAN, KENNETH H	
STREET ADDRESS	1840 N. COMMERCE PKWY STE 3	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	REX, ALBERT G	
STREET ADDRESS	1840 N. COMMERCE PKWY STE 3	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #