

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101372

1. Entity Name

WESTHORN & ASSOCIATES, INC.

Principal Place of Business

10350 W. BAY HARBOR DR.
SUITE 7P
BAY HARBOR FL 33154

Mailing Address

P.O. BOX 403626
MIAMI BEACH FL 33140-1626

2. Principal Place of Business

9499 NE 2nd Ave,
Suite, Apt. #, etc.
Suite 207

3. Mailing Address

9499 NE 2nd Ave
Suite, Apt. #, etc.
Suite 207

City & State
Miami Shores, FL

City & State
Miami Shores, FL

Zip
33138

Country

Zip
33138

Country

6. Name and Address of Current Registered Agent

- WESTHORN, BRENDA J
10350 W. BAY HARBOR DR. SUITE 7P
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent

Name

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

9499 NE 2nd Avenue, Suite 207
City Miami Shores FL Zip Code 33138

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

TITLE ☐ Delete

NAME P
BRENDA J WESTHORN
STREET ADDRESS 10350 W. BAY HARBOR DR. 7P
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE ☐ Delete

NAME VS
MENDEZ, NANCY
STREET ADDRESS 10350 W. BAY HARBOR DR. 7P
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE ☐ Delete

NAME T
WESTHORN, BRENDA J
STREET ADDRESS 10350 W. BAY HARBOR DR. 7P
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME P/T
Brenda J. Westhorn
STREET ADDRESS 9499 NE 2nd Ave, Suite 207
CITY-ST-ZIP Miami Shores, FL 33138

TITLE ☐ Change ☐ Addition

NAME V/S
Nancy Mendez
STREET ADDRESS 9499 NE 2nd Ave., Suite 207
CITY-ST-ZIP Miami Shores, FL 33138

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/7/00

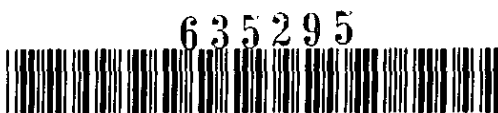
Date

305-759-4757

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90021 006 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0807883
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E034 (9/99)