

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90082 040 ***158.75

0188421

DOCUMENT # P97000101372

1. Entity Name
WESTHORP & ASSOCIATES, INC.

Principal Place of Business 9499 NE 2ND AVE STE 207 MIAMI SHORES FL 33138	Mailing Address 9499 NE 2ND AVE STE 207 MIAMI SHORES FL 33138
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0807883** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WESTHORP, BRENDA J
 9499 NE 2ND AVE
 STE 207
 MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

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 *Brenda J. Westhorp* President Brenda J. Westhorp
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PT	BRENDA J WESTHORP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9499 NE 2ND AVE STE 207	MIAMI SHORES FL 33138		
VS	MENDEZ, NANCY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9499 NE 2ND AVE STE 207	MIAMI SHORES FL 33138		
T	WESTHORP, BRENDA J	<input checked="" type="checkbox"/> Delete	
10350 W. BAY HARBOR DR. 7P	BAY HARBOR FL 33154		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Brenda J. Westhorp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 305-759-4757
Date Daytime Phone #

CR2E034 (10/00)