

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101398

1. Entity Name
23 WEST CORP.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90365 031 ***150.00

Principal Place of Business

288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address

288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

104420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14450 Smith Sundry Rd
City & State

Suite, Apt. #, etc.

14450 Smith Sundry Rd.
City & State

4. FEI Number 65-0818890

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOMBACH, GEOFFREY S
500 EAST BROWARD BOULEVARD
SUITE 1950
FORT LAUDERDALE FL 33394

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

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 ☐ Delete
D WOLF, STEVEN
STREET ADDRESS 288-Z SMITH SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE NAME ☒ Change ☐ Addition
14450 Smith Sundry Rd
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D SIEMENS, RICHARD MR
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #202E
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Steven Wolf

3/21/01

(561) 498-5700

Date Daytime Phone #

CR2E034 (10/00)