

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 018 ***150.00

DOCUMENT # **98000019697**

1. Entity Name

WESTPOINTE CORPORATION

Principal Place of Business

**20283 US 441
 SUITE 300
 BOCA RATON, FL 33498**

Mailing Address

**20283 US 441
 SUITE 300
 BOCA RATON, FL 33498**

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

65-0821568

Included For

Not Applicable

5. Certificate of Status Expires

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Notary Public Agent

**MICHAEL KELLERMAN
 20283 US 441 SUITE 300
 BOCA RATON, FL 33498**

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

MICHAEL KELLERMAN

4/28/00

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so
 (See criteria on back)

☐

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	PO	☐ Delete
NAME	MICHAEL KELLERMAN	
STREET ADDRESS	20283 US 441	
CITY - ST - ZIP	BOCA RATON, FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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

MICHAEL KELLERMAN

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EMPLOYER (Printer's Use)