

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 014 ***150.00

DOCUMENT # P98000022709

1. Entity Name

BROM WEST CORP.

Principal Place of Business

Mailing Address

1857 THOMAS ST
 HOLLYWOOD FL 33020

1857 THOMAS ST
 HOLLYWOOD FL 33020-2128

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0839179

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

POPOVYCH, OLEG
1857 THOMAS ST
HOLLYWOOD FL 33020

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, ROMAN
STREET ADDRESS	53 SHEVCHENKO STREET., AP #12
CITY-ST-ZIP	LVIV, UKRAINE 290039
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, BOHDANA
STREET ADDRESS	53 SHEVCHENKO STREET., AP #12
CITY-ST-ZIP	LVIV, UKRAINE 290039
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, OLEG
STREET ADDRESS	1857 THOMAS ST
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, MYKOLA
STREET ADDRESS	53 SHEVCHENKO ST APT #12
CITY-ST-ZIP	LVIV, UKRAINE 290039
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Popovych, Roman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2000 (954) 929-5164
 Date Daytime Phone #

CR2E034 (9/99)