2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

1900 CORPORATE BLVD.

P98000029148

1. Entity Name

SUITE 400E **BOCA RATON FL 33431**

US

CORPORATE EXECUTIVE SUITES WEST, INC.



Mailing Address 1900 CORPORATE BLVD.

SUITE 400E

BOCA RATON FL 33431

Zip

2. Principal Place of Business 20283 STATE

3. Mailing Address

Suite, Apt. #, etc. City & State

FILED

Secretary of State

05-05-2003 91782 013 ***150.00

May 05, 2003 8:00 am

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-085 1289

Applied For Not Applicable

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

-A11100

\$8.75 Additional

Name and Address of Current Registered Agent

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

NETBURN, DAVID A

6800 W COMMERCIAL BLVD # 5 FORT LAUDERDALE FL 33319

City

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition GALEL, HENRI NAME NAME 1900 CORPORATE BLVD. SUITE 400E STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME ZIMET. DAVE NAME 1900 CORPORATE BLVD. SUITE 400E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME GALEL, YORAM NAME 1900 CORPORATE BLVD. SUITE 400E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the inf indicated on this report of uppl of the corporation or the f changed, or on an attach

SIGNATURE:

Date

Daytime Phone #