

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90414 001 \*\*\*600.00

**DOCUMENT # P98000065298**

1. Entity Name  
**WESTBROOKE COMPANIES, INC.**

Principal Place of Business <b>9350 SUNSET DR SUITE 100          MIAMI FL 33173          US</b>	Mailing Address <b>9350 SUNSET DR SUITE 100          MIAMI FL 33173          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-0867588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**Michael Kean  
 Berman & Kean, PA  
 2101 W. Commercial Blvd., Suite 4100  
 Ft. Lauderdale, FL 33309**

7. Name and Address of New Registered Agent

**Michael Kean - Berman & Kean, PA  
 Street Address (P.O. Box Number is Not Acceptable)  
 2101 W. Commercial Blvd. # 4100  
 City: Ft. Lauderdale FL Zip Code: 33309**

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:  DATE: **4/2/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STENGOS, ANDREAS</b> <b>20 SOLOMOU STR. ALIMOS</b> <b>174 56 ATHENS GR-EECE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARR, JAMES</b> <b>9350 SUNSET DR STE 100</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOV</b> <b>EISENACHER, HAROLD</b> <b>9350 SUNSET DR SUTIE 100</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IBARRIA, DIANA</b> <b>9350 SUNSET DRIVE #100</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WEBBER, DAVID</b> <b>9350 SUNSET DRIVE #100</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>YURUBI, ROBERT</b> <b>9350 SUNSET DRIVE #100</b> <b>MIAMI FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEONARD CHERNYS</b> <b>9350 SUNSET DRIVE # 100</b> <b>MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b>

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:  **Harold Eisenacher** DATE: **4/2/01** DAYTIME PHONE #: **305-595-2281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)