

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

**9350 SUNSET DR SUITE 100
MIAMI FL 33173
US**

Mailing Address

**9350 SUNSET DR SUITE 100
MIAMI FL 33173
US**

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 **65-0867588**

Applied For

Not Applicable

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

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

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

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 **D** ☐ Delete
NAME **STENGOS, ANDREAS**
STREET ADDRESS **20 SOLOMOU STR. ALIMOS**
CITY-ST-ZIP **174 56 ATHENS GR-EECE**

TITLE **V** ☐ Change ☒ Addition
NAME **LEONARD CHERNYS**
STREET ADDRESS **9350 SUNSET DRIVE # 100**
CITY-ST-ZIP **MIAMI, FL**

TITLE **P** ☐ Delete
NAME **CARR, JAMES**
STREET ADDRESS **9350 SUNSET DR STE 100**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **CFOV** ☐ Delete
NAME **EISENACHER, HAROLD**
STREET ADDRESS **9350 SUNSET DR SUTIE 100**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **IBARRIA, DIANA**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **V** ☐ Delete
NAME **WEBBER, DAVID**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **V** ☒ Delete
NAME **YURUBI, ROBERT**
STREET ADDRESS **9350 SUNSET DRIVE #100**
CITY-ST-ZIP **MIAMI FL**

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 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

Harold Eisenacher 4/2/01 305-595-2281

Date

Daytime Phone #

CR2E034 (10/00)