

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90186 025 ***150.00

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

U 4 0 0 2 1



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 **65-0867588**

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

KEAN, MICHAEL
BERMAN & KEAN, PA
2101 WEST COMMERCIAL BLVD #4100
FORT LAUDERDALE FL 33309

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 _____ DATE _____
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, 2002 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 checked="" type="checkbox"/> Delete
NAME	STENGOS, ANDREAS	
STREET ADDRESS	20 SOLOMOU STR. ALIMOS	
CITY-ST-ZIP	174 56 ATHENS GR-EECE	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARR, JAMES	
STREET ADDRESS	9350 SUNSET DR STE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VS	<input type="checkbox"/> Delete
NAME	EISENACHER, HAROLD	
STREET ADDRESS	9350 SUNSET DR SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> Delete
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DRIVE #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBBER, DAVID	
STREET ADDRESS	9350 SUNSET DRIVE #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHERNYS, LEONARD	
STREET ADDRESS	9350 SUNSET DRIVE #100	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia E. Feldman	
STREET ADDRESS	9350 Sunset Drive, #100	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clay A. Halvorsen	
STREET ADDRESS	15326 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen J. Scarborough	
STREET ADDRESS	1536 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael C. Courtney	
STREET ADDRESS	15326 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew H. Porges	
STREET ADDRESS	15326 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92618	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold L. Eisenacher	
STREET ADDRESS	9350 Sunset Drive, #100	
CITY-ST-ZIP	Miami FL 33173	

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

Date: _____ Daytime Phone #: **949-789-1618**

CR2E034 (9/01)