

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029912

1. Entity Name

EAST WEST INTERNATIONAL CONSULTING, CORP.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90154 029 ***150.00

Principal Place of Business

PMB #106, 305 HAHANI STREET
KAILUA HI 96734

Mailing Address

PMB #106, 305 HAHANI STREET
KAILUA HI 96734-2802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB #106 305 HAHANI ST

City & State

KAILUA HI

Suite, Apt. #, etc.

PMB #106 305 HAHANI ST

City & State

KAILUA HI

Zip

96734

Country

USA

Zip

96734

Country

USA

4. FEI Number

58-2479247

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHULMAN, STEVE
407 ALCANTE DR.
N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

RYAN WHEELLOCK 2/14/00(808)262-0825

Date

Daytime Phone #