

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0151161 MB

DOCUMENT # **P99000029912**

1. Entity Name

**EAST WEST INTERNATIONAL CONSULTING, CORP.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -5 AM 8:00

Principal Place of Business

**PMB #106, 305 HAHANI STREET  
KAILUA HI 96734  
US**

Mailing Address

**PMB #106, 305 HAHANI STREET  
KAILUA HI 96734  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES *MRS*

4. FEI Number

**58-2479247**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PDTS**  
STREET ADDRESS **WHELOCK, RYAN**  
CITY-ST-ZIP **1607 MOKKULUA DR.  
KAILUA HI 96734**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **200022798572**  
CITY-ST-ZIP **09/05/03--01089--001 \*\*550.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *\*Ryan Wheelock* **REQUIRED** *Ryan Wheelock* 9-2-03 (808) 599-5720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)