

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046483

1. Entity Name

WEST BROOK INDUSTRIES, INC.

FILED

00 FEB -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3020 ALTON RD.
MIAMI BEACH FL 33140

Mailing Address

3020 ALTON RD.
MIAMI BEACH FL 33140-3806

2. Principal Place of Business

9380 NW 17 ST

Suite, Apt. #, etc.

3. Mailing Address

9380 NW 17 ST

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

650925122

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZAMMARRON, MOE B

3020 ALTON RD.

MIAMI BEACH FL 33140

9380 NW 17 ST

PLANTATION, FL 33322

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 ☐ Delete
NAME D
STREET ADDRESS ZAMMARRON, MOE B
CITY-ST-ZIP 3020 ALTON RD. 9380 NW 17 ST
MIAMI BEACH FL 33140 PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME 300003128783--9
STREET ADDRESS -02/09/00--01012--011
CITY-ST-ZIP ****158.75 ****158.75

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Moe B. Zammarron MOE B. ZAMMARRON

Date

2-1-00

Daytime Phone #

305-608-8481