

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062831

1. Entity Name
33 WEST, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90063 041 ***150.00

Principal Place of Business

3595 NORTH DIXIE HIGHWAY
SUITE #7
BOCA RATON FL 33431

Mailing Address

3595 NORTH DIXIE HIGHWAY
SUITE #7
BOCA RATON FL 33431-5936

2. Principal Place of Business

3100 N.W. Boca Raton Blvd
Suite, Apt. #, etc.
#109

3. Mailing Address

3100 N.W. Boca Raton Blvd
Suite, Apt. #, etc.
#109



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
65-0933411

Applied For
Not Applicable

Zip
33431

Zip
33431

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

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name
Mitchell Jamel
Street Address (P.O. Box Number is Not Acceptable)
3100 N.W. Boca Raton Blvd #109
City
Boca Raton FL Zip Code
33431

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 Mitchell Jamel Mitchell JAMEL President
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMEL, MITCHELL	
STREET ADDRESS	3595 NORTH DIXIE HIGHWAY #7	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mitchell Jamel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 561-620-8628
Date Daytime Phone #

CR2E034 (9/99)