2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 02, 2000 8:00 am
Secretary of State
06-05-2000 90017 002 ***150.00

DOCUMENT # P99000069300

1. Entity Name

WEST AVE CORP.

Principal Place of Business	Mailing Address
1300 Lincoln Rd. Miami Beach FL 33139	1300 Lincoln Rd Miami Beach FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5740 Hollywood Blvd Suite, Apt. #, etc. 202
City & State	City & State: Hollywood FL
Zip / Country	Zip: 33021 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0934716 — 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
DIPAK MALLIK 627 N.E. 6th Ave #6 Boynton Beach FL 33435	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sood, Sanjay 3556 S.W. 193 WAY MIRAMAR FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mallik, Dipak 627 N E 6th Ave #6 Boynton Beach FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KHAN, BAKTIER 300 N.W. 5-6 ST. MIAMI FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 7/24/00
SIGNATURE AND/OVER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #