

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90219 032 ***158.75

0181615

DOCUMENT # P99000067942
 1. Entity Name
WEST DEVELOPMENT REALTY INC.

Principal Place of Business 7235 CORAL WAY STE 204 MIAMI FL 33133	Mailing Address 7235 CORAL WAY STE 204 MIAMI FL 33155
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00080519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5576 W Flagler St	3. Mailing Address P.O. BOX 652543
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State MIAMI FL.	4. FEI Number 65-0937577	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country U.S.A.	Zip 33265-2543	Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**WEST, JOHNNY R
 7235 CORAL WAY
 STE 204
 MIAMI FL 33155**

7. Name and Address of New Registered Agent
 Name **Johnny R West**
 Street Address (P.O. Box Number is Not Acceptable)
935 SW 127th. CT
 City **MIAMI FL** Zip Code **33184**

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 **4/23/01**
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, 2001 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 PSD	<input type="checkbox"/> Delete
NAME WEST, JOHNNY R	
STREET ADDRESS 7235 CORAL WAY STE 204	
CITY-ST-ZIP MIAMI FL 33155	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 935 SW 127th. CT.	
CITY-ST-ZIP MIAMI FL. 33184	
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: **Johnny R West** **4/23/01 (305) 207-6191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)