

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90036 001 ***150.00

DOCUMENT # P99000098116

1. Entity Name
WESTREICH CORPORATION

Principal Place of Business

9999 COLLINS AVENUE #17K
BAL HARBOUR FL 33154

Mailing Address

9999 COLLINS AVENUE #17K
BAL HARBOUR FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0960879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
FOURTH FLOOR
BAY HARBOR ISLANDS FL 33154

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WESTREICH, HELENE**
STREET ADDRESS **9999 COLLINS AVENUE #17K**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **D** ☐ Delete
NAME **WHITE, GAIL M**
STREET ADDRESS **716 CALUSA TRAIL**
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE **D** ☐ Delete
NAME **HARRIS, DIANE L**
STREET ADDRESS **176 E. 77TH STREET #16J**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **D** ☐ Delete
NAME **COHEN, WILLIAM F**
STREET ADDRESS **420 E. 54TH STREET #32G 1010 FIFTH AVE**
CITY-ST-ZIP **NEW YORK NY 10021 8**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Heleene Westreich
HELENE WESTREICH

4/16/02

305-867-7680

Date

Daytime Phone #

CR2E034 (9/01)