2002 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90277 020 ***150 00

DOCUMENT # 577470 1. Entity Name

EAST WEST REALTY MOVISING IN CORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 2700 N. MILITARY 5840 condora Suite, Apt. #, etc. Suite, Apt. #, etc. SULPE 200 Suite 130 City & State City & State

656881

DO NOT WRITE IN THIS SPACE Applied For RATON West palm beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required

DO NOT WRITE IN THIS SPACE

1: Name and Address of Current Registered Agent				
Name	GOLDSTEIN,		β.	
Street	Address (P.O. Box Number	er is Not Acceptat	PAIL	
	ر الله فرو	- 1		
City	BOCA RATON		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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

SIGNATURE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

CR2E034B (12/01)

Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE NAME ROBERT G. MILSTEIN STREET ADDRESS 2700 N. MILITARY TRAIL , S. 4130 BOCA RATON, FL 33431 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR