

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90001 015 ***550.00

DOCUMENT # P00000041754

1. Entity Name
EASTWEST RESEARCH CORPORATION ✓

Principal Place of Business Mailing Address

~~700 SE THIRD AVE., 9RD FL~~ ~~700 SE THIRD AVE., 9RD FL~~
 FT. LAUDERDALE FL ~~33316~~ FT. LAUDERDALE FL ~~33316~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

450 E Las Oles Blvd **450 E. Las Oles Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
950 **950**

City & State City & State

Fort Lauderdale FL **Fort Lauderdale FL**

Zip Country Zip Country

33301 **USA** **33301** **USA**

4. FEI Number Applied For

65-1004244 Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, DAVID E
~~200 LESLIE DR APT 310~~ **343 Leslie Drive**
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
343 Leslie Drive
 City State Zip Code
Hallandale **FL** **33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DATE: **8/09/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	BERMAN, DAVID E	700 SE THIRD AVE., 9RD FL	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Berman David E	450 E Las Oles Blvd #950	Ft Lauderdale FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: DATE: **8/09/02** DAYTIME PHONE #: **954-728-2516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)