

2001 UNIFORM BUSINESS REPORT (UBR)

6399000

DOCUMENT-# **A97000000309**

1. Entity Name

WEAVCO, LTD.

FILED
May 09, 2001 8:00 A
Secretary of State

Principal Place of Business

**6788 N.W. 17TH AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address

**6788 N.W. 17TH AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

6788 N.W. 17th Ave.

3. Mailing Address

6788 N.W. 17th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

City & State

Fort Lauderdale, Fl.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0729706

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, MITCHELL F
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

4/19/01

9. Capital Contributions
as Shown on record.

\$550,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000010198**
NAME **WEAVCO REAL ESTATE CORP.**
STREET ADDRESS **6788 N.W. 17TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/01

CR2E003 (11/00)