

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000309**

1. Entity Name

**WEAVCO, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11



Principal Place of Business

Mailing Address

~~6788 N.W. 17TH AVENUE~~  
FT. LAUDERDALE FL ~~33309~~

~~6788 N.W. 17TH AVENUE~~  
FT. LAUDERDALE FL ~~33309~~

2. Principal Place of Business

3. Mailing Address

**30 No. Compass Drive**  
Suite, Apt. #, etc.

**30 No. Compass Drive**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

**Ft. Lauderdale, Fl.**

**Ft. Lauderdale, Fl.**

4. FEI Number

**65-0729706**

Applied For

Not Applicable

Zip

Country

**33308**

**Broward**

Zip

Country

**33308**

**Broward**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Marianne Weaver*

DATE

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS **30 No. Compass Drive**  
CITY-ST-ZIP **Ft. Lauderdale, Fl. 33308**

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STREET ADDRESS **800005282808-6**  
CITY-ST-ZIP **-04/16/02--01060-031**  
**\*\*\*526.25 \*\*\*926.25**

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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: *Marianne Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)