

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-20-2002 90165 036 ****50.00
03-31-2002 90328 029 ****11.25

DOCUMENT # N95000000149
Entity Name
THE ELIZABETH S. WEISS MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address
330 NORTH 45TH AVENUE **3530 NORTH 45TH AVENUE,**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number Applied For
65-0602843 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
BEDZOW, MICHAEL
3530 N 45TH AVE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name **LAURENCE A. WEISS**
Street Address (P.O. Box Number is Not Acceptable)
3530 N. 45 AVE
City **HOLLYWOOD, FL** FL Zip Code **33021**

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 *Laurence A. Weiss* **LAURENCE A. WEISS** **2/6/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees **Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WEISS, LAURENCE A 3530 NORTH 45TH AVENUE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEISS, JUDITH N. H 3530 NORTH 45TH AVENUE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISS, ALEXANDER J 3530 NORTH 45TH AVENUE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Laurence A. Weiss* **2/6/02 (954) 961-1792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)