

2001 UNIFORM BUSINESS REPORT (UBR)

2/13.

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-13-2001 90001 017 ***150.00

DOCUMENT # P99000016523

1. Entity Name
WESTON PROPERTY MANAGEMENT, INC.



Principal Place of Business
**561 RANCH ROAD
 WESTON FL 33326**

Mailing Address
**561 RANCH ROAD
 WESTON FL 33326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0899684**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOROTA, ALAN M
 290 NORTH WEST 165TH STREET
 PENTHOUSE 4-CITICENTRE
 MIAMI FL 33169**

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/01
 DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD FIANSON, SOPHIE 561 RANCH ROAD WESTON FL 33326 | <input type="checkbox"/> Delete |
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CR2E034 (10/00)

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 all other like empowered.

SIGNATURE:

[Signature] **Sophie Fianson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 **3898600**
 Date Daytime Phone #