

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02381

1. Entity Name

LANDSTAR CENTERS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90204 019 \*\*\*150.00

Principal Place of Business

Mailing Address

550 BILTMORE WAY  
#1110  
CORAL GABLES FL 33134  
US

550 BILTMORE WAY  
#110  
CORAL GABLES FL 33134-5730  
US

800400000



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

65-0316226

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

WEISENFELD, JOSEPH J  
550 BILTMORE WAY  
STE 1120  
CORAL GABLES FL 33134

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	VPD	<input type="checkbox"/> Delete
NAME	ECKSTEIN, BERNARD	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STERN, RODOLFO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STERN, EDUARDO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SERVIANSKY, DAVID	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HOWITZ, ROBERTO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Stern

PD

Date

Daytime Phone #

2/11/00 305-461-2440

CR2E034 (9/99)