

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90391 049 ***150.00

0264280 AV

DOCUMENT # F20075

1. Entity Name

ALWEISS MANAGEMENT SERVICES, INC.

Principal Place of Business

**26 WESTWARD DR
MIAMI SPRINGS FL 33166
US**

Mailing Address

**26 WESTWARD DR
MIAMI SPRINGS FL 33166
US**

2. Principal Place of Business

4801 S. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 661169

Suite, Apt. #, etc.

City & State

DAVIE, FLA.

City & State

MIAMI SPRINGS, FLA.

4. FEI Number

59-2255777

Applied For

Not Applicable

Zip

33328

Country

U.S.

Zip

33166

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALWEISS, IRA
26 WESTWARD DR
MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4801 S. UNIVERSITY DR.

City

DAVIE

FL

Zip Code

33328

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, hand or printed name of registered agent and title if applicable

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, 2002 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

TITLE **DVP** ☐ Delete
NAME **ALWEISS, IRA**
STREET ADDRESS **26 WESTWARD DR**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **TD** ☐ Delete
NAME **ALWEISS, ALAN**
STREET ADDRESS **26 WESTWARD DR**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4801 S. UNIVERSITY DR**
CITY-ST-ZIP **DAVIE, FLA. 33328**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4801 S. UNIVERSITY DR**
CITY-ST-ZIP **DAVIE, FLA. 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

IRA ALWEISS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 305-295-0789
Date Daytime Phone #

CR2E034 (9/01)