

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90104 041 ***550.00

DOCUMENT # 698196

1. Entity Name

WESTON-FLORIDA HOLDING CORP.

Principal Place of Business

801 S OCEAN DR
 HUTCHINSON ISLAND FL 34949
 US

Mailing Address

955 WILSON AVE
 UNIT 1
 DOWNSVIEW ONTARIO CA M3K- 2A8

00063410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 CONFEDERATION PKWY
 Suite, Apt. #, etc.

3. Mailing Address

50 CONFEDERATION PKWY
 Suite, Apt. #, etc.

City & State

CONCORD, ONTARIO

City & State

CONCORD, ONTARIO

4. FEI Number

59-2154254

Applied For

Not Applicable

Zip

L4K 4T8

Country

CANADA

Zip

L4K 4T8

Country

CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STANTON, CPA, JOHN P
 6 SABAL CT
 STUART FL 34996

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD ☒ Delete
 NAME DILUCA, PRIMO I
 STREET ADDRESS 400 N OCEAN BLVD #2103
 CITY-ST-ZIP RIVIERA BCH, FL 00000

TITLE VD ☐ Delete
 NAME MUZZO, MARCO
 STREET ADDRESS 5440 N OCEAN DR #PH302
 CITY-ST-ZIP RIVIERA BCH, FL 00000

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
 CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
 NAME MUZZO, MARCO
 STREET ADDRESS 200 SYLVADENE PKWY
 CITY-ST-ZIP WOODBRIDGE, ONTARIO

TITLE T/S/D ☐ Change ☒ Addition
 NAME MUZZO, MARCO A.
 STREET ADDRESS 186 SYLVADENE PKWY
 CITY-ST-ZIP WOODBRIDGE, ONTARIO

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: *

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 5/01

Date

(905) 326-4000

Daytime Phone #

CR2E034 (5/01)