

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90006 033 \*\*\*\*70.00

**DOCUMENT # 753248**

1. Entity Name

**WESTON LAKES 21, INC.**

Principal Place of Business

Mailing Address

**440 LAKEVIEW DRIVE  
 APT. 203  
 FT. LAUDERDALE FL 33326  
 US**

**S & A PROPERTY MGMT., INC  
 PO BOX 7179  
 DELRAY BEACH FL 33482  
 US**

**00002767**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**428 LAKEVIEW DRIVE**

Suite, Apt. #, etc.

**APT #201**

City & State

**WESTON, FL**

Zip

**33326**

Country

**US**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2188083**

Applied For

Not Applicable

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

**S. AND A. PROPERTY MANAGEMENT, INC.  
 7644 EAGLE POINT DRIVE  
 DELARY BEACH FL 33446**

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 \_\_\_\_\_

DATE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **WEBER, KIM**  
 STREET ADDRESS **424 LAKEVIEW DRIVE, #103**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**  Change  Addition  
 NAME **WEBER, KIM**  
 STREET ADDRESS **16674 S.W. 5 WAY**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VP**  Delete  
 NAME **LOWEN, SCOTT**  
 STREET ADDRESS **430 LAKEVIEW DRIVE #101**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP**  Change  Addition  
 NAME **LOWEN, SCOTT**  
 STREET ADDRESS **16502 RUBY LAKE**  
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE **P**  Delete  
 NAME **FRIDOVICH, EDWARD**  
 STREET ADDRESS **440 LAKEVIEW DRIVE #203**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST**  Change  Addition  
 NAME **BRADLEY, RANDALL**  
 STREET ADDRESS **432 LAKEVIEW DRIVE #104**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **ST**  Delete  
 NAME **MURRAY, THOMAS**  
 STREET ADDRESS **428 LAKEVIEW DRIVE, APT. 201**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **P**  Change  Addition  
 NAME **MURRAY, THOMAS**  
 STREET ADDRESS **428 LAKEVIEW DRIVE, #201**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D**  Delete  
 NAME **SHEKKWON, GONG**  
 STREET ADDRESS **434 LAKEVIEW DR #104**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**  Change  Addition  
 NAME **SHEKKWON, GONG**  
 STREET ADDRESS **440 LAKEVIEW DRIVE, #201**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. 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: \_\_\_\_\_

**THOMAS MURRAY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-01**  
 Date

**(954) 384-7523**  
 Daytime Phone #

CR2E037 (10/00)