

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90049 033 ****70.00

DOCUMENT # 753248

1. Entity Name

WESTON LAKES 21, INC.

Principal Place of Business

Mailing Address

**428 LAKEVIEW DRIVE
 APT. 201
 FT. LAUDERDALE FL 33326
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2188083**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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
 DELRAY 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	<input type="checkbox"/> Delete
NAME	WEBER, KIM	
STREET ADDRESS	16674 SW 5 WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOWEN, SCOTT	
STREET ADDRESS	16502 RUBY LAKE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRADLEY, RANDALL	
STREET ADDRESS	432 LAKEVIEW DR #104	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, THOMAS	
STREET ADDRESS	428 LAKEVIEW DRIVE, APT. 201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEKKWON, GONG	
STREET ADDRESS	440 LAKEVIEW DR #201	
CITY-ST-ZIP	WESTON FL 33326	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

THOMAS MURRAY

1-7-02 (951) 384-7523

Date Daytime Phone #

CR2E037 (9/01)