

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2001 90104 042 \*\*\*550.00

**DOCUMENT # F37587**

1. Entity Name

**WESTON-FLORIDA DEVELOPMENT CORPORATION - FT. PIE**

Principal Place of Business

**801 S OCEAN DR  
 SUITE 1204  
 HUTCHINSON ISLAND FL 34949  
 US**

Mailing Address

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

**00063409**



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

**59-2154404**

Applied For

Not Applicable

Zip

**LUK 478**

Country

**CANADA**

Zip

**LUK 478**

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	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>MUZZO, MARCO</b>	
STREET ADDRESS	<b>5440 N.OCEAN DR., #PH302</b>	
CITY-ST-ZIP	<b>RIVIERA BCH., FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DILUCA, PRIMO I.</b>	
STREET ADDRESS	<b>4000 N OCEAN BLVD #2103</b>	
CITY-ST-ZIP	<b>RIVIERA BCH., FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUZZO, MARCO</b>	
STREET ADDRESS	<b>200 SYLVADENE PKWY</b>	
CITY-ST-ZIP	<b>WOODBIDGE, ONTARIO</b>	
TITLE	<b>T/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUZZO, MARC A.</b>	
STREET ADDRESS	<b>186 SYLVADENE PKWY</b>	
CITY-ST-ZIP	<b>WOODBIDGE, ONTARIO</b>	
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
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)