

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38922

1. Entity Name

WEATHER OR NOT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90063 002 ***158.75

Principal Place of Business

Mailing Address

5703 S TRAVELERS PALM LANE
TAMARAC FL 33319

5703 S TRAVELERS PALM LANE
TAMARAC FL 33319-6135

2. Principal Place of Business

3. Mailing Address

Aventura Mall
Suite, Apt. #, etc.
19501 Biscayne Blvd.

3625 N. Country Club Dr
Suite, Apt. #, etc.
2305. EL DORADO III

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2192684

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

RENKO, RITA
5703 S TRAVELERS PALM LANE
TAMARAC FL 33319

Name
GERARDO GIMENEZ

Street Address (P.O. Box Number is Not Acceptable)
3625 N. Country Club Dr.
Suite # 2305

City Aventura FL Zip Code 33180

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

4/20/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME RENKO, RITA
STREET ADDRESS 5703 S TRAVELERS PALM LANE
CITY-ST-ZIP TAMARAC FL 33319

TITLE VST ☒ Delete
NAME RENKO, RITA
STREET ADDRESS 5703 S TRAVELERS PALM LANE
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE PD ☒ Change ☐ Addition
NAME GERARDO GIMENEZ
STREET ADDRESS 3625 N. Country Club Dr. Suite # 2305
CITY-ST-ZIP Aventura FL 33180

TITLE VTD ☒ Change ☐ Addition
NAME GLADYS GOLDSMITH
STREET ADDRESS 3625 N. Country Club Dr. Suite # 2303
CITY-ST-ZIP Aventura FL 33180

TITLE SD ☒ Change ☐ Addition
NAME LUIS GOLDSMITH
STREET ADDRESS 3625 N. Country Club Dr. Suite # 2303
CITY-ST-ZIP Aventura FL 33180

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO GIMENEZ

4/20/00

Date

Daytime Phone #

(305) 935-5240

CR2E034 (9/99)