FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2001 8:00 am **DOCUMENT # H74319 Secretary of State** WEISS WIMAUMA CITY CORP. 03-29-2001 90019 018 \*\*\*150.00 Principal Place of Business Mailing Address PO DOX 10570 <del>BANTATION FL-08d</del>t7 LANTATION FL. 22210 C 25 MAVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2580361 Not Applicable \$8.75 Additional RROWARD 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -WEISS, SUZANNE ROSS-<del>1670 SW 53 AVE</del> -PLANTATION FL 33317 8. The above named entity submits this statement for the purpose of changing its registered office or r FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) **Delete** TITLE Addition TITLE NAME WEISS, SUZANNE R. NAME STREET ADDRESS STREET ADDRESS 670 SW 53 AVE CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33317 TITLE PTD ☐ Delete TITLE ☐ Change Addition NAME NAME WEISS, DONALD STREET ADDRESS STREET ADDRESS 4517 N DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP == POMPANO FL 33064 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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.

ARBN K. WEISS 3/23