2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K24887 DOCUMENT



Mar 12, 2003 8:00 am § Secretary of State 1. Entity Name 03-12-2003 90068 006 ***150.00 WEISS & WOOLRICH SOUTHERN ENTERPRISES, INC. Principal Place of Business Mailing Address 1431 SW 30TH AVENUE 1431 SW 30TH AVENUE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0056654 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, JULIUS Street Address (P.O. Box Number is Not Acceptable) 5701A SPINDLE PALM CT. **DELRAY BEACH FL 33484** City 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. I am familiar with, and accept SIGNATURE ? Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating): FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME WEISS, JEFF NAME STREET ADDRESS 5152 MW 109 TERRACE STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WEISS, JULIUS NAME STREET ADDRESS STREET ADDRESS 5701A SPINDLE PALM CT. CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL ☐ Delete TITLE ☐ Addition TITLE VΡ Change NAME NAME GEMBALA, HENRY STREET ADDRESS STREET ADDRESS 18108 CLEARBROOK CIRCLE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

12. I hereby certify that the information supplied with this filling 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 eath; 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 10 or Block 11 if

FILED