

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90093 036 *****50.00

0031782

DOCUMENT # L01000008545

1. Entity Name

WESTON DP, LLC

Principal Place of Business

**10700 WEST FLAGLER STREET
 MIAMI FL 33174**

Mailing Address

**10700 WEST FLAGLER STREET
 MIAMI FL 33174**

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

05-1122949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GORRIN, ALEJANDRA C
 10530 NW 26 STREET
 F-107
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name
GORRIN, ALEJANDRA C.
 Street Address (P.O. Box Number is Not Acceptable)
10574 NW 51 ST.
 City **Miami** FL Zip Code **33178**

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)

3/5/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **GORRIN, ALEJANDRA C**
 STREET ADDRESS **10530 NW 26 STREET SUITE# F-107**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Gorrin, Alejandra C.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10574 NW 51 Street**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/02

DATE

(305) 463-8396

Daytime Phone #

CR2E083 (9/01)