

2001 UNIFORM BUSINESS REPORT (UBR)

0010257 AF

DOCUMENT # L96000000185
 1. Entity Name
MOSHE WEITZ, L.C.

FILED
 01 FEB 14 PM 4:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 244 POINCIANA DR.
 MIAMI FL 33160

Mailing Address
 244 POINCIANA DR.
 MIAMI FL 33160



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0724894**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
WEITZ, MOSHE
244 POINCIANA DR.
MIAMI FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR WEITZ, MOSHE	244 POINCIANA DR.	MIAMI FL 33160	<input type="checkbox"/>
MGR WEITZ, BEN-ZION B	244 POINCIANA DR.	MIAMI FL 33160	<input type="checkbox"/>
MGR WEITZ, JONATHAN D	244 POINCIANA DR.	MIAMI FL 33160	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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

Date: **2/7/01** Daytime Phone #: **305 944 2230**

CR2E083 (11/00)