

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001465
AF

DOCUMENT # L98000001081

1. Entity Name
WESTON CAPITAL ASSETS, L.C.

00 MAY -3 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % LAW OFFICES OF IRA C. HATCH 1701 HIGHWAY A1A, SUITE 220 VERO BEACH FL 32963	Mailing Address % LAW OFFICES OF IRA C. HATCH 1701 HIGHWAY A1A, SUITE 220 VERO BEACH FL 32963-2206
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0858276	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

MARULANDA, CARLOS
983 N. NOB HILL ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name ORALIA RIOS
Street Address (P.O. Box Number is Not Acceptable)
983 N. NobHill Rd.
City PLANTATION FL Zip Code 33324

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]* (NOTE: Registered Agent signature required when reinstating) DATE 05-01-00

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete EL GRUPO DE LOS NUMERO UNO IRREVOCABLE TRU 983 NORTH KNOB HILL ROAD PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete EL GRUPO DE LOS NUMERO DOS IRREVOCABLE TRU 983 NORTH KNOB HILL ROAD PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete EL GRUPO DE LOS NUMERO TRES IRREVOCABLE TR 983 NORTH KNOB HILL ROAD PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete EL GRUPO DE LOS NUMERO CUATRO IRREVOCABLE 983 NORTH KNOB HILL ROAD PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003269681--6 -05/30/00--01013--022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DATE 05-01-00 Daytime Phone #

CR2E083 (9/99)