2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 MAY 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001081

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

Principal Place of Business	Mailing Address
5193 S. UNIVERSITY DR. DAVIE, FL 33328	5193 S. UNIVERSITY DR. DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5193 S. UNIVERSITY DR.	5193 S. UNIVERSITY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DAVIE, FL	DAVIE, FL
Zip: 33328 / Country	Zip: 33328 / Country

4. FEI Number 65-0858276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORALIA RIOS
5193 S. UNIVERSITY DR.
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name: ORALIA RIOS
Street Address (P.O. Box Number is Not Acceptable): 5193 S. UNIVERSITY DR.
City: DAVIE **FL** Zip Code: 33328

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: X Oralia Rios 04-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

~~FILE NOW!!! FEE IS $150.00~~
~~After MAY 1, 2001, Fee will be $550.00~~
~~Make Check Payable to Department of State~~

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO UNO IRREVOCABLE TRUST 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO UNO IRREVOCABLE TRU 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO DOS IRREVOCABLE TRUST 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO DOS IRREVOCABLE TRU 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO TRES IRREVOCABLE TRUST 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO TRES IRREVOCABLE TR 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO CUATRO IRREVOCABLE TRUST 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EL GRUPO DE LOS NUMERO CUATRO IRREVOCABL 5193 S. UNIVERSITY DR. DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004376843--8 -06/08/01--01007--015 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: X Oralia Rios 04-28-01 (954) 252-6122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #