

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 009 \*\*\*\*50.00

**DOCUMENT #** L98000001081 ✓  
**1. Entity Name**  
 WESTON CAPITAL ASSETS, L.C.

**Principal Place of Business** **Mailing Address**  
 % LAW OFFICES OF IRA C. HATCH P.O. BOX 267068  
 1701 HIGHWAY ALA. Suite 220 WESTON, FL 33326-7068  
 VERO BEACH, FL 32963

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**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**

**7. Name and Address of New Registered Agent**

RIOS, ORALIA  
 1015 THISTLE CREEK CT.  
 WESTON, FL. 33327

**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**

Signature (typed or printed name of registered agent and blue ink applicable)

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM EL GRUPO DE LOS NUMERO UNO IRREVOCABLE TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM EL GRUPO DE LOS NUMERO DOS IRREVOCABLE TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM EL GRUPO DE LOS NUMERO CUATRO IRREVOCABLE TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TRUST 983 NORTH NOB HILL ROAD PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02

Date

Daytime Phone #