

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43738

1. Entity Name

WEDA DEVELOPERS, INC.

Principal Place of Business

2600 DOUGLAS RD.  
PENTHOUSE 5  
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD.  
PENTHOUSE 5  
CORAL GABLES FL 33134-6143

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SOUTH FLORIDA RESIDENT AGENTS INC.  
200 S BISCAYNE BLVD  
STE 4750  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
B & C CORPORATE SERVICES  
Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd.  
Suite 3000  
City  
Miami FL Zip Code  
33131

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)

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, 2000 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

TITLE VS  
NAME LEVITT, STEVEN T.  
STREET ADDRESS 2600 DOUGLAS RD, PH 5  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE D  
NAME ROSALES, X E  
STREET ADDRESS 2600 DOUGLAS RD, PH 5  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE PT  
NAME ROSALES, X. FRANCISCO  
STREET ADDRESS 2600 DOUGLAS RD, PH-5  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Rosales 2/14/2000 (305)461-2142

Date

Daytime Phone #

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2752810 ☐ Applied For ☐ Not Applicable

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