

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000000149**

Entity Name

**THE ELIZABETH S. WEISS MEMORIAL FOUNDATION, INC.****FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90165 036 \*\*\*\*50.00

03-31-2002 90328 029 \*\*\*\*11.25

Principal Place of Business

Mailing Address

330 NORTH 45TH AVENUE  
HOLLYWOOD FL 330213530 NORTH 45TH AVENUE  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0602843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEDZOW, MICHAEL  
3530 N 45TH AVE  
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

3530 N. 45 AVE

City

HOLLYWOOD, FL

FL

Zip Code

33021

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

*Laurence A. Weiss*

LAURENCE A. WEISS

2/6/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PO	WEISS, LAURENCE A		
STREET ADDRESS	3530 NORTH 45TH AVENUE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
STD	WEISS, JUDITH N. H		
STREET ADDRESS	3530 NORTH 45TH AVENUE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
VD	WEISS, ALEXANDER J		
STREET ADDRESS	3530 NORTH 45TH AVENUE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laurence A. Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 (954) 961-1792

Date

Daytime Phone #

CR2E037 (9/01)