2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90066 047 ****61.25

DOCUMENT # N95000000763

1. Entity Name

WESTON NEWCOMERS, INC.

Principal Place of Business	Mailing Address
2530 JARDIN DR WESTON FL 33327-516 US	2530 JARDIN DR WESTON FL 33327-1516 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16129 OPAL CREEK DR	16129 OPAL CREEK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WESTON, FL	WESTON, FL
City & State	City & State
Zip 33331 Country US	Zip 33331 Country US

4. FEI Number 65-0558676 ☐ 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
KAPHAN, SYLVIA 2530 JARDIN DRIVE WESTON FL 33327-1516	Name MCEWEN, ROBIN Street Address (P.O. Box Number is Not Acceptable) 16129 OPAL Creek Drive City WESTON, FL FL Zip Code 33331

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 Robin McEwen
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 Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAPHAN, SYLVIA 2530 JARDIN DRIVE WESTON FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MC EWEN, ROBIN 16129 OPAL CREEK DRIVE WESTON, FL 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POULSEN, GLORIA 7895 LAMIRADA DR BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, TOBY 16631 ROYAL POINCIANA DRIVE WESTON, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IREY, MARION 2547 BAY POINTE DR WESTON GL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MC EWEN, JIM 16129 OPAL CREEK DRIVE WESTON, FL 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERARDELLI, LYNN 2528 JARDIN DRIVE WESTON FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITCHELL, SUZANNE 629 SPINNAKER WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, JO 655 LAKE BLVD WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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: Robin McEwen SIGNATURE REQUIRED Sylvia Kaphan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #