2001 UNIFORM BUSINESS REPORT (UBR)

May 31, 2001 8:00 am Secretary of State DOCUMENT # N95000000763 05-31-2001 90005 017 ****61.25 WESTON NEWCOMERS, INC. Principal Place of Business Mailing Address 16129 OPAL CREEK DRIVE 16129 OPAL CREEK DRIVE WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0558676 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCEWEN, Robertine Street Address (P.O. Box Number is Not Acceptable) MCENEN, ROBIN 16129 OPAL CREEK DRIVE WESTON FL 33331 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the state of Florida 5/26/01 istered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Addition McEwen, Robertine Change Delete 16129 Opal Creek Drive KAPHAN, SYLVIA STREET ADDRESS 2530 JARDIN DRIVE STREET ADDRESS Weston FL 33331 CITY-ST-ZIP CITY-ST-ZIF WESTON FL 33327 Toby Cohen ☐ Change TITLE □ Delete 16631 Royal Poinciana Prive NAME POULSEN, GLORIA NAME STREET ADDRESS STREET ADDRESS 78 95 LAMIRADA DR Weston, FL 33326 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition 🗷 Delete TITLE HOLLY CATANIA 214 Egret Court NAME NAME IREY, MARION STREET ADDRESS STREET ADDRESS 2547 BAY POINTE DR Weston FL CITY-ST-7IP CITY-ST-ZIF WESTON GL 33327 Change ☐ Addition **⊠** Delete TITLE NAME BERARDELLI, LYNN STREET ADDRESS STREET ADDRESS 2528 JARDIN DRIVE CITY-ST-ZIP CITY-ST-ZIE WESTON FL 33327 SD ☐ Addition ☐ Delete TITLE TITLE MITCHELL, SUZANNE NAME NAME STREET ADDRESS **629 SPINNAKER** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 ☐ Change Addition Delete TITLE TITLE NAME LEWIS, JO NAME STREET ADDRESS 655 LAKE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327

12. Thereby certify that the information supplied with this filling 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 n y 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 is 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

(ELEN MURE REQUIFE) 5/26/01 954 217-2445

FILED