

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001393

1. Entity Name

MICHAEL'S WEIGH, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90004 013 \*\*\*\*61.25

Principal Place of Business Mailing Address  
10059 WINDING LAKE RD. 10059 WINDING LAKE RD.  
APT. 102 BLDG. 7 APT. 102 BLDG. 7  
SUNRISE FL 33351 SUNRISE FL 33351-5888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
10059 Winding LK Rd 10059 Winding LK Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Apt 102 Bldg 7 Apt 102 Bldg 7  
City & State City & State  
Sunrise Sunrise  
Zip Country Zip Country  
33351 FL 33351 FL

4. FEI Number 65-0608905 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CYNTHIA L. SHERR, P.A.  
17001 NE 6TH AVE.  
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent  
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 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	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, ARLENE	NAME	
STREET ADDRESS	10059 WINDING LAKE RD., APT. 102, BLDG. 7	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULON, SARAH	NAME	
STREET ADDRESS	591 SW DUNBURY AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, PAULINE	NAME	
STREET ADDRESS	9141 SUNRISE LAKES BLVD, BLDG 113, APT 219	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REDELMAN 2/17/00 954-741-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)