

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90456 006 ***150.00

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DOCUMENT # P00000032456

1. Entity Name
SUZANNE WEISS, P.A.



Principal Place of Business
**1515 UNIVERSITY DR
SUITE #203-A
CORAL SPRINGS FL 33071**

Mailing Address
**1500 SAWGRASS COP
SUITE 180
SUNRISE FL 33323**



2. Principal Place of Business

3. Mailing Address

1515 University Dr.

Suite, Apt. #, etc.

Suite # 203-A

City & State

Coral Springs FL

Zip

Country

33071

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1001471**

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

**WEISS, SUZANNE
1515 UNIVERSITY DR., STE. 103
CORAL SPRINGS FL 33071**

Name

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

Suite 203

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WEISS, SUZANNE**
STREET ADDRESS **10132 ROYAL PALM BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☒ Change ☐ Addition
NAME **Weiss, Suzanne**
STREET ADDRESS **2110 N. Ocean Blvd. # 1703**
CITY-ST-ZIP **Ft. Laud., FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 607, 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:

Suzanne Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (954) 816-5686

DATE

Daytime Phone #

CR2E034 (10/02)