2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2001 8:00 am **DOCUMENT # P0000038502 Secretary of State** RICK WEBER, INC. 02-01-2001 90042 027 ***150.00 Principal Place of Business Mailing Address 16674 SOUTHWEST 5TH WAY 16674 SOUTHWEST 5TH WAY WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address . 16674 SOUTHWEST STHWAY 16674 SOUTHWEST 5TH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL WESTON 65-1000140 NESTON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEVER SPIEGEL & UTRERA, P.A. Street Address 343 ALMERIA AVENUE CORAL GABLES FL 33134 City NESTON obmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change Addition WEBER, RICHARD A NAME NAME STREET ADDRESS 16674 SOUTHWEST 5TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 TITLE TITLE ☐ Delete ☐ Change Addition WEBER, KIM NAME NAME 16674 SOUTHWEST 5TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON FL 33326 CITY-ST-ZIP TITLE Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO