

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 016 ***150.00

DOCUMENT # P00000075872

1. Entity Name
WESTON IMPEX, INC.

Principal Place of Business

2124 NE 123 ST #203
 N MIAMI FL 33181

Mailing Address

2124 NE 123 ST #203
 N MIAMI FL 33181

0 1 1 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1029345**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SZABO, ZSOLT
 2124 NE 123 ST #203
 N MIAMI FL 33181

Name **Szabo, Laszlo**

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

2124 NE 123 ST #203

City

N. Miami

FL

Zip Code

33181

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **SZABO, LASZLO**
 STREET ADDRESS **2124 NE 123 ST #203**
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **PT**
 NAME **Szabo, Laszlo**
 STREET ADDRESS **2124 NE 123 ST #203**
 CITY-ST-ZIP **N. Miami FL 33181**

TITLE **VD**
 NAME **SZABO, ZSOLT**
 STREET ADDRESS **2124 NE 123 ST #203**
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD**
 NAME **SZORAD, ISTVAN A**
 STREET ADDRESS **2124 NE 123 ST #203**
 CITY-ST-ZIP **N MIAMI FL 33181**

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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 or 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 (305)8991259

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Dr. # 10000075872
87/035

Weston Impex Inc.
2124 NE 123 St #203
N.Miami, Fl 33181

July 13th, 2002

Dept of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir,

Please find enclosed 2002 annual report along with a check for \$150.00. Please note that we have not received any previous notice.

We appreciate your help & cooperation.

Thank You



Laszlo Szabo
President