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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075872

1. Entity Name
WESTON IMPEX, INC.

Principal Place of Business	Mailing Address
1277 MAJESTIC TERR. WESTON, FL 33327	1277 MAJESTIC TERR. WESTON, FL 33327

2. Principal Place of Business	3. Mailing Address
10205 NW 53 ST	18000 NW 2 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: MIAMI FL
Zip: 33351 Country	Zip: 33169 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1029345 — 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
SZABO, LASZLO 1277 MAJESTIC TERR. WESTON, FL 33327	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 3/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SZABO, LASZLO 2124 NE 123 ST #203 N MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SZABO LASZLO 1277 MAJESTIC TERR WESTON FL 33327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/12/03 Daytime Phone #: 954 7465470