

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90018 031 ***550.00

DOCUMENT # P00000090904

1. Entity Name
B AND I WESTON, INC.

Principal Place of Business
 2625 EXECUTIVE PARK DR., SUITE 5
 WESTON FL 33331

Mailing Address
 2625 EXECUTIVE PARK DR., SUITE 5
 WESTON FL 33331



2. Principal Place of Business
4391 FOXTAIL LANE
 Suite, Apt. #, etc.

3. Mailing Address
4391 FOXTAIL LANE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON, FLORIDA

City & State
WESTON, FLORIDA

4. FEI Number **65-1074899**

Applied For
☐ **Not Applicable**

Zip **33331** **Country** **EEUU**

Zip **33331** **Country** **EEUU**

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

LASCURAIN, EUGENIO
 2625 EXECUTIVE PARK DR., SUITE 5
 WESTON FL 33331

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, 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** ☒ **Delete**
NAME **BERNAL, OSCAR**
STREET ADDRESS **2625 EXECUTIVE PARK DR., SUITE 5**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **PD** ☐ **Change** ☐ **Addition**
NAME **OSCAR BERNAL**
STREET ADDRESS **4391 FOXTAIL LANE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **VSD** ☒ **Delete**
NAME **DE BERNAL, ANA M**
STREET ADDRESS **2625 EXECUTIVE PARK DR., SUITE 5**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **VSD** ☐ **Change** ☐ **Addition**
NAME **DE BERNAL, ANA M**
STREET ADDRESS **4391 FOXTAIL LANE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 OSCAR BERNAL

9/1/2002

(954) 384-1687

CR2E034 (4/02)