

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000098934

Entity Name

B. WESTON, INC.

Principal Place of Business

1730 MAIN STREET SE
WESTON, FL 33327

Mailing Address

1730 Main Street
STE
WESTON, FL 33327

FILED

01 DEC -5 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1730 MAIN STREET

3. Mailing Address

1730 MAIN STREET

Suite, Apt. #, etc.

228

Suite, Apt. #, etc.

228

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

BROWARD

Zip

33327

Country

BROWARD

4. FEI Number

65-1086746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DON GONZALEZ, P.A.

9050 PINES BLVD.

STE 450-F

PEMBROKE PINES, FL 33024

Name DON GONZALEZ, P.A.

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

9050 PINES BLVD. STE 450-F

City PEMBROKE PINES

FL

Zip Code 33024

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.

SIGNATURE DON GONZALEZ, P.A.

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

Don Gonzalez

11-16-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DI PRESIDENT
CARLOS ALVARES
566 STONEMONT DR
WESTON, FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004717540--1
-12/10/01--01106 name 007
****150.00 ****150.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

CARLOS ALVARES

11-16-01 (954) 432-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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B. WESTON, INC.
1730 MAIN STREET
SUITE 228
WESTON, FLORIDA 33327
954-384-1187

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Re: B. Weston, Inc.
Ref. # P00000098934

Dear Ms. Ashton:

We were unable to submit the reinstatement application in a timely manner because we never received the application. There must have been a mix-up between our new address and the address that we used to incorporate the company. Furthermore, we are requesting a **waiver** of the additional fees that correspond when filing past the due date.

At this time we are returning the reinstatement application for our company along with the corresponding fees. Please note that I am in fact the Vice President and a Director of the company and therefore I signed the application.

Time is of the essence and we appreciate your cooperation in expediting this matter as soon as it is possible.

Thank you,

Carlos Alvarez