

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90003 012 ***150.00

DOCUMENT # P00000114085

1. Entity Name

WESTON FINANCIAL & ECONOMIC RESEARCH & PRESENTAT



Principal Place of Business

**744 TANGLEWOOD CIRCLE
 WESTON FL 33327**

Mailing Address

**744 TANGLEWOOD CIRCLE
 WESTON FL 33327**



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

165-1063662

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

**FELDMAN, BENJAMIN M
 744 TANGLEWOOD CIRCLE
 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.

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~~ \$150
 After September 12, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FELDMAN, BENJAMIN M**
 CITY-ST-ZIP **744 TANGLEWOOD CIRCLE
 WESTON FL 33327**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

BENJAMIN M FELDMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-01 (954) 659-7365

CR2E034 (5/01)

Attachment
#000014085
AUG 8 11 58

AUGUST 6, 2001

TO WHOM IT MAY CONCERN:

I UNDERSTAND ON JAN. 2001 THE FLORIDA
DEPARTMENT OF STATE/DIVISION OF CORPORATIONS
SENDS OUT UBR FORMS TO CORPS.

PLEASE MAKE NOTE, THAT I HAD NEVER
RECEIVED THIS FORM, UNTIL RECENTLY
RECEIVING ONE.

I AM FORWARDING THIS FORM PLUS
A PAYMENT OF \$150.00

YOURS TRULY,

BENJAMIN M. FELDMAN