



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 023 ***150.00

DOCUMENT #

1. Entity Name **P01000010209**

Weston Financial Group, Inc.

DO NOT WRITE IN THIS SPACE

421727

2. Principal Place of Business
1730 Main Street

3. Mailing Address
1730 Main Street

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

City & State
Weston, Florida

City & State
Weston, Florida

4. FEI Number
65-1083073

Applied For
☐ Not Applicable

Zip
33326

Country
Broward

Zip
33326

Country
Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mariaelena Gayo-Guitian
Street Address (P.O. Box Number is Not Acceptable)

316 Northeast Fourth Street
Ft. Lauderdale FL 33301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Secretary/Treasurer
Israel Guitian, Jr.
1730 Main St. Suite 208, Weston, FL

33326

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-02

Date

954-389-8450

Daytime Phone #

CR2E034B (12/01)