

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90066 015 ***150.00

DOCUMENT # P01000024656

1. Entity Name
WESTON CONSTRUCTION, INC.



Principal Place of Business
16777 HEMINGWAY DR.
WESTON FL 33326

Mailing Address
P.O. BOX 266313
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1596 Salerno Circle

Suite, Apt. #, etc.

1596 Salerno Circle

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number 01-0619582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, CESAR

16777 HEMINGWAY DR.

WESTON FL 33326

Name

Gomez, Cesar

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

1596 Salerno Circle

City

Weston

FL

Zip Code

33327

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 by - Cesar Gomez

3-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME GOMEZ, CESAR
STREET ADDRESS 16777 HEMINGWAY DR.
CITY-ST-ZIP WESTON FL 33326

☐ Delete

TITLE D.
NAME Gomez, Cesar
STREET ADDRESS 1596 Salerno Circle
CITY-ST-ZIP Weston, FL 33327

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: by - Cesar Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

Daytime Phone #

CR2E034 (10/02)