

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90271 014 \*\*\*150.00

**DOCUMENT # P01000025603**

1. Entity Name

WESTON REALTY OF BROWARD INC.



Principal Place of Business

2392 PHEASANT LANE  
WESTON FL 33327

Mailing Address

2392 PHEASANT LANE  
WESTON FL 33327

2. Principal Place of Business

3965 Orange Tree Lane

3. Mailing Address

3965 Orange Tree Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston FL

Zip

33332

Country

USA

Zip

33332

Country

USA

4. FEI Number

65-1092210

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

GALANTE, LISA  
2392 PHEASANT LANE  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

Lisa Galante

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

3965 Orange Tree Lane

City

Weston

FL

Zip Code

33332

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

*Lisa Galante*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

**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

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	GALANTE, LISA	
STREET ADDRESS	2392 PHEASANT LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALANTE, LISA	
STREET ADDRESS	2392 PHEASANT LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Galante	
STREET ADDRESS	3965 Orange Tree Lane	
CITY-ST-ZIP	Weston FL 33332	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Galante	
STREET ADDRESS	3965 Orange Tree Ln	
CITY-ST-ZIP	Weston FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Lisa Galante*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03 954-385-1020

CR2E034 (10/02)