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

DOCUMENT # P0/000032299

## **FILED** Mar 31, 2002 8:00 am Secretary of State

WESTON DINER, INC	03-31-2002 903/0 023 ***150.00
DO NOT WRITE IN THIS SE	PACE 752278
2. Principal Place of Business 1089 CREEK fond DA.  Suite, Apt. #, etc.  3. Mailing Address 2588 S.W. 2  Suite, Apt. #, etc.	27th. Ave.  DO NOT WRITE IN THIS SPACE
City & State  WESTON, FLORIDA GIANI, F  Zip Country Zip	4. FEI Number Applied For Not Applicable Country Secret Status Desired Secret S
33326 33/33	5. Certificate of Status Desired Fee Required
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent  Name Done David A. Esq.  Street Address (P.O. Box Number is Not Acceptable) 2655 Le Teune Rd. Penthouse Z-C
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	
Tax filing requirement and elects to do so. (See criteria on back)  After May 1  Amended  Make Check Payabl	ay 1 Fee is \$150.00  1, Fee is \$550.00  10. Election Campaign Financing 10. Election Financing 10.
11. OFFICERS AND DIRECTORS  TITLE  NAME  PITTSLEY, RESECA  STREET ADDRESS  CITY-ST-ZIP  WESSLON, IFL 33326  TITLE  NAME  VPD  NAME  STREET ADDRESS  LOSG CREEK FORD DA.  CITY-ST-ZIP  WESSLON, FL 33326  CITY-ST-ZIP  WESSLON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-2IP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

Teb NAME OF SIGNING OFFICER OR DIRECTOR PIHS Ley, Pres 3/14/02 (305)807-9231