

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UC595022  
AV

DOCUMENT # P01000054482



1. Entity Name  
LEE WEISS AND ASSOCIATES, INC.

FILED

03 JAN 28 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1900 SUNSET HARBOR DRIVE  
UNIT 1909  
MIAMI BEACH FL 33139

Mailing Address  
1900 SUNSET HARBOR DRIVE  
UNIT 1909  
MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES **03**

4. FEI Number **65-1111696** Applied For  
Not Applicable

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
**SPIEGEL & UTRERA, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1840 Southwest 22 Street**  
**4th Floor**  
City **Miami** FL Zip Code **33145**

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. **Spiegel & Utrera, P.A.**

SIGNATURE **By: [Signature]**  
**Natalia Utrera, Vice President**

**1/27/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD WEISS, LEE S 1900 SUNSET HARBOR DRIVE UNIT 1909 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000012318290 02/11/03--01070--006 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-23-03**  
Date

Daytime Phone #

CR2E034 (10/02)