

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 048 ***150.00

DOCUMENT # **P01000085696**

1. Entity Name

Weston Management



Principal Place of Business
7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351

Mailing Address
7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351



2. Principal Place of Business

1865 N. Corporate Lakes Blvd.

3. Mailing Address

1865 N. Corporate Lakes Blvd.

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE #1

City & State

Weston, FL

City & State

Weston, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

651134230

Applied For

Not Applica.

Zip

33326

Country

US

Zip

33326

Country

US

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW WITH FEES \$150.00
After May 1, 2003, fees will be \$450.00
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
D
Piar, Carlos
16180 Saddle Lane
Weston, FL 33326

☐ Delete

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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 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

4/30/03

954-384-7300

Date

Daytime Phone