

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90996 008 ***158.75

DOCUMENT # P02000005075

1. Entity Name
WEITZ, THOMAS AND Associates
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1499 N.W. 74 St

Suite, Apt. #, etc.

City & State Miami, FL

Zip 33147 Country USA

3. Mailing Address
1499 N.W. 74 St

Suite, Apt. #, etc.

City & State Miami, FL

Zip 33147 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1433856

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Nifretta Thomas

Street Address (P.O. Box Number is Not Acceptable)
1499 N.W. 74 St

City Miami FL Zip Code 33147

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 Nifretta Thomas / NIFRETTA THOMAS

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President / CEO
NAME Nifretta Thomas
STREET ADDRESS 1499 N.W. 74 St
CITY-ST-ZIP Miami, FL 33147

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nifretta Thomas / NIFRETTA THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 786-
262-0716

DATE

Daytime Phone #

CR2E034B (12/02)