2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # **P93000023282** MOSHE WEITZ P.E., INC 05-19-2000 90083 022 ***150.00 Principal Place of Business Mailing Address 244 POINCIANA DRIVE 244 POINCIANA DRIVE MIAMI FL 33160-4517 MIAMI FL 33160 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0439043 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORALES, MARTA E Street Address (P.O. Box Number is Not Acceptable) 7750 NW 73 COURT **MIAMI FL 33166** Zip Code FL purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE \$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WEITZ, MOSHE STREET ADDRESS 244 POINCIANA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information veignature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if loes not qualify for 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empoyered to execute the corporation or the actual that the corporation of the receiver or trustee empoyered to execute the corporation of the co

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Daytime Phone #

changed, or on an attachment with an address,

SIGNATURE AND TYPED

OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: