

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**  
 03-06-2002 90046 003 \*\*\*150.00

CR2E034 (9/01)

|   |   |   |         |
|---|---|---|---------|
| <b>DOCUMENT # P93000023282</b>  |   |   |         |
| 1. Entity Name<br><b>MOSHE WEITZ P.E., INC</b>  |   |   |         |
| Principal Place of Business<br><b>244 POINCIANA DRIVE<br/>MIAMI FL 33160</b>  |   | Mailing Address<br><b>244 POINCIANA DRIVE<br/>MIAMI FL 33160</b>  |         |
| 2. Principal Place of Business  |   | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |         |
| City & State  |   | City & State  |         |
| Zip   | Country   | Zip   | Country |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |         |
| <b>MORALES, MARTA E</b><br><b>7750 NW 73 COURT</b><br><b>MIAMI FL 33166</b>   |   | Name  |         |
|   |   | Street Address (P.O. Box Number is Not Acceptable)  |         |
|   |   | City  |         |
|   |   | State Zip Code<br><b>FL</b>   |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |         |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br><small>(See criteria on back)</small>   |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |         |
|   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                    |         |
| 11. OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   | <b>D</b><br><b>WEITZ, MOSHE</b><br><b>244 POINCIANA DR</b><br><b>MIAMI FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |         |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |         |
| 13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. |   |   |         |
| SIGNATURE: _____  |   | Date <u>2/24/02</u> Daytime Phone # <u>305-944-2230</u>   |         |



DO NOT WRITE IN THIS SPACE

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