## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am DOCUMENT # P9400002599 **Secretary of State** 1. Entity Name WEISS GROUP, INC. 02-05-2001 90101 015 \*\*\*150.00 Principal Place of Business Mailing Address 4176 BURNS ROAD 4176 BURNS ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 C0017886 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0465371 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARD, III, PHILIP II ESQ. Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BOULEVARD **SUITE 1000** WEST-PALM-BEACH-FL-39401 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$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, 2001 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. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change WEISS, MARTIN D NAME NAME STREET ADDRESS 4176 BURNS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL Change ☐ Addition TITLE ☐ Delete TITLE NICHOLAS, DANA K. NAME NAME STREET ADDRESS 4176 BURNS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL · Channe TITLE TITLE ☐ Addition ☐ Delete UNDERWOOD, LESLIE B. NAME NAME STREET ADDRESS 4176 BURNS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 trusted 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEFICER OPDIRECTOR

1/31/01

(561) 627-3300

Daytime Phone #