

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065263

1. Entity Name
WESTON MEDICAL SUITES, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90009 036 ***558.75

Principal Place of Business

1845 N CORPORATE LAKES BLVD
WESTON FL 33326
US

Mailing Address

1112 WESTON ROAD
SUITE 179
FORT LAUDERDALE FL 33326
US

2. Principal Place of Business

2229 N. Commerce Pkwy
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address

1112 Weston Road
Suite, Apt. #, etc.
PMB 179

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0730674

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISMAN, DAVID
2021 TYLER ST.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Staten P. Samilow

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

9000 Sheridan Street, Ste. 105

Croft City, FL 33624

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and effects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
FAMIGLIETTI, RICHARD
1112 WESTON ROAD, SUITE 179
FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1112 Weston Road, PMB 179
Weston, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (954) 389-3619
Date Daytime Phone #