

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90512 047 ***150.00

DOCUMENT # P94000075693

1. Entity Name
WEISS AUTOMOTIVE, INC.



Principal Place of Business
**5301 NW 15 ST
MARGATE FL 33063**

Mailing Address
**5301 NW 15 ST
MARGATE FL 33063**

2. Principal Place of Business
Weiss Automotive

3. Mailing Address
Same

Suite, Apt. #, etc.
5301 NW 15 ST

Suite, Apt. #, etc.

City & State
Margate, FL

City & State

Zip
33063

Country
Broward

Zip

Country

4. FEI Number
65-0526720

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISS, ROBERT
5301 NW 15 ST
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name
Brad Weiss
Street Address (P.O. Box Number is Not Acceptable)
5301 NW 15 ST
City
Margate **FL** **33063**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/13/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
D ☐ Delete
NAME
WEISS, BRAD
STREET ADDRESS
5301 NW 15 ST
CITY-ST-ZIP
MARGATE FL 33063

TITLE
BOB ☐ Delete
NAME
BOB
STREET ADDRESS
BOB
CITY-ST-ZIP
BOB

TITLE
BOB ☐ Delete
NAME
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STREET ADDRESS
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
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TITLE
BOB ☐ Delete
NAME
BOB
STREET ADDRESS
BOB
CITY-ST-ZIP
BOB

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 954-972-8080

Date

Daytime Phone #

CR2E034 (10/02)