

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018798

1. Entity Name  
**WEIGHLESS, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90002 001 \*\*\*150.00

Principal Place of Business Mailing Address  
**348 N.W. 89TH LANE**  
**CORAL SPRINGS FL 33071**

2. Principal Place of Business 3. Mailing Address  
**14096 Huntington Pt. Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Apt. 102**

City & State City & State  
**Delray Beach, FL**

Zip Country Zip Country  
**33484 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0572365** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DIROCCO, RAYMOND M**  
**3601 W. COMMERCIAL BLVD.**  
**STE. 5**  
**FT. LAUDERDALE FL 33309**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 ☐ Delete  
NAME **VPD**  
STREET ADDRESS **SCHER, RONNIE**  
CITY-ST-ZIP **6865 CAMILLE ST**  
**BOYNTON BEACH FL 33437**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **SABAN, LANA**  
CITY-ST-ZIP **3062 RIVERSIDE DRIVE**  
**CORAL SPRINGS FL**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **REIHS, LINDA**  
CITY-ST-ZIP **348 N.W. 89TH LANE**  
**CORAL SPRINGS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. 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

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

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: **Ronnie Scher** **Ronnie Scher, VPD** 4/10/01 561 362-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0138722

CR2E034 (10/00)