2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2002 8:00 am Secretary of State DOCUMENT # P95000018798 04-01-2002 90165 046 ***150.00 1. Entity Name WEIGH-LESS, INC Principal Place of Business Mailing Address 14096 HUNTINGTON PT. DR. 14096 HUNTINGTON PT. DR. APT 102 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0572365 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -DIROCCO: RAYMOND M-3601 W. COMMERCIAL BLVD STE: 5 Beach FT: LAUDERDALE FL-33309 City zipcode 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VPD** TITLE □ Delete TITLE CR2E034 (9/01) ☐ Addition SCHER, RONNIE NAME NAME 6865 CAMILLE ST STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE SD □ Delete TITLE D ☐ Addition NAME SABAN, LANA NAME 3062 RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IE **CORAL SPRINGS FL** CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Addition NAME REIHS, LINDA NAME 6 TUN. A QV-101 STREET ADDRESS 348 N.W. 89TH LANE STREET ADDRESS CITY-ST-21P. CORAL-SPRINGS FL CITY-ST-ZIP 33321 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 of 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.

FILED