

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90371 049 ***150.00

DOCUMENT # P95000024361

1. Entity Name

WESTON USA TELCOM, INC.

Principal Place of Business

~~10271 NW 46TH STREET~~
~~SUNRISE FL 33354~~

Mailing Address

~~10271 NW 46TH STREET~~
~~SUNRISE FL 33354~~

2. Principal Place of Business

12330 SW 53RD STREET

3. Mailing Address

12330 SW 53RD STREET

Suite, Apt. #, etc.

BASE 705

Suite, Apt. #, etc.

BASE 705

City & State

COOPER CITY FL

City & State

COOPER CITY FL,

Zip

33330

Country

usa

Zip

33330

Country

USA

4. FEI Number

65-0578247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AGUILAR, FRANCISCO C
1818 PARK AVENUE
FT LAUDERDALE FL 33326

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

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 elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PSD** ☐ Delete
NAME **AGUILAR, FRANCISCO C**
STREET ADDRESS **1818 PARK AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE **D** ☐ Delete
NAME **DA COSTA, MOACYR P JR**
STREET ADDRESS **10271 NW 46TH STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **GLAUCY, MARIA AVILA-A**
STREET ADDRESS **1818 PARK AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)