

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90357 006 \*\*\*150.00

**DOCUMENT # P96000058754**



1. Entity Name  
**MICHEL O. WEISZ, P.A.**

Principal Place of Business  
**901 PONCE DE LEON BLVD  
STE 601  
CORAL GABLES FL 33134  
US**

Mailing Address  
**901 PONCE DE LEON BLVD  
STE 601  
CORAL GABLES FL 33134  
US**



2. Principal Place of Business  
**9350 S. Dixie Highway**

3. Mailing Address  
**9350 S. Dixie Highway**

Suite, Apt. #, etc.  
**Suite 1500**

Suite, Apt. #, etc.  
**Suite 1500**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0682816**

Applied For  
Not Applicable

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**WEISZ, MICHEL O ESQ.  
901 PONCE DE LEON BLVD  
STE 601  
CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**Michel O. Weisz, Esquire**

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

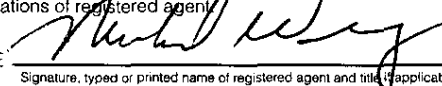
**9350 S. Dixie Hwy. - Suite 1500**

City  
**Miami**

**FL**

Zip Code  
**33156**

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).

**MICHEL WEISZ**  
(NOTE: Registered Agent signature required when reinstating)

**1/23/03**  
DATE

**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 **P** ☐ Delete  
NAME **WEISZ, MICHEL OCIACOV**  
STREET ADDRESS **901 PONCE DE LEON BLVD, STE 601**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **MICHEL OCIACOVSKI WEISZ**  
STREET ADDRESS **9350 S.DIXIE HWY. - SUITE 1500**  
CITY-ST-ZIP **MIAMI FL 33156**

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

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

TITLE ☐ Change ☐ Addition  
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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 any other like empowered.

**SIGNATURE:**

 **MICHEL O. Weisz**

**01/23/03**

**(305)670-3820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)