

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
 03-13-2002 90092 016 ***150.00

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DOCUMENT # P96000089166

1. Entity Name
WESTON ROAD INVESTMENT CORPORATION

Principal Place of Business

**1304 SW AVENUE
 SUITE 441
 SUNRISE FL 33326
 US**

Mailing Address

**833 SAVANNAH FALLS DR.
 WESTON FL 33327
 US**



2. Principal Place of Business

2800 WESTON RD

3. Mailing Address

PO BOX 268270

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

Zip

Country

Zip

Country

33331

33326

4. FEI Number

65-0702482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORREA, JOSE N
 833 SAVANNAH FALLS DR.
 WESTON FL 33327**

7. Name and Address of New Registered Agent

**Legal Information Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1290 WESTON RD, Suite 300
 City WESTON FL FL Zip Code 33326**

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 Legal Information Services, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/02

**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 **P** ☐ Delete
NAME **MARTINEZ, IGNACIO A**
STREET ADDRESS **1304 SW AVENUE, SUITE 441**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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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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 #

3/1/02

CR2E034 (9/01)