

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 024 ***150.00

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DOCUMENT # P97000031398

1. Entity Name
WESTON TECHNOLOGIES, INC.



Principal Place of Business
2305 NW 107TH AVE
1M18. MFZ BOX 47
MIAMI FL 33172
US

Mailing Address
2305 NW 107TH AVE
1M18. MFZ BOX 47
MIAMI FL 33172
US



2. Principal Place of Business

3. Mailing Address

2315 NW 107 AVE
Suite, Apt. #, etc.
1M55, MFZ BOX-47

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip **33172** Country **USA**

Zip

Country

4. FEI Number **65-0748465**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELLISSERY, JEROME J
1483 ESTANCIA CIRCLE
WESTON FL 33327

Name **PELLISSERY, JEROME**

Street Address (P.O. Box Number is Not Acceptable)
2315 NW 107 AVE # 1M55, BOX 47

City **MIAMI** FL **33172**

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 JEROME PELLISSERY

(NOTE: Registered Agent signature required when reinstating)

DATE **04/29/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PELLISSERY, JEROME J**
STREET ADDRESS **1483 ESTANCIA CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/29/03** (305) 599-3505
Daytime Phone #

CR2E034 (10/02)