FOR PROFIT CORROBATION

UNIFORM BUSINESS REPORT (UBR)					, FILED		
DOCUMENT # P97000048611					V.		
1. Entity Name Weston Times, Corp				02 AUG -5 AM II: 47			
			A CONTRACTOR				
				SECREYARY OF STATE TALLAHASSEE, FLORIDA			
	DO NOT WRITE	IN THIS SI	PACE		1 U (T) 4 (V)	36,64.	1237 1137
	Place of Business nemont Dr.	3. Mailing Address 478 Stonemont D)r.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Weston, Florida		City & State Weston, Florida			4. FEI Number Applied For Not Applicable		
Zip , 33326	Country USA	Zip 33326	Country USA			r ,	8.75 Additional ee Required
			N	farma.	7. Name and Address of Current Re	gistered a	Agent
	DO NOT WE	RITE		Maria	sabel Ernekr P.O. Box Number is Not Acceptable)		
	See I was a street of the second seco	TO THE SOUR		Sueet Address (F	-:O. Box Number is Not Acceptable)		
IN THIS SPACE			478 Stonen		nont Dr.		
			Carrier C	City Weston		FL	Zip Code 33326
8. The above	e namen engry sunmits this statement for i						
SIGNATURE . 9. This corporate filing is		dule Kappilcable. (NOT January 1 - N After May Amende	A /SA E: Registered Age lay 1 Fee is 1, Fee is \$1 d UBR is \$0	7.8EL EX ont signature required v s \$150.00 550.00 61.25	when reinstading) 10. Election Campaign Financ Trust Fund Contribution.	7. 5	\$5.00 May Be Added to Fees
SIGNATURE . 9. This corporate filing is	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	dule Kappilcable. (NOT January 1 - N After May Amende Make Check Payal	A /SA E: Registered Age lay 1 Fee is 1, Fee is \$1 d UBR is \$0	7.8EL EX ont signature required v s \$150.00 550.00 61.25	when reinstating) 10. Election Campaign Finance Trust Fund Contribution.	7. 3 DATE	\$5.00 May Be Added to Fees
9. This corporate filling in (See criter)	Signature, typed or printed name of registered agent and oration is eligible to satisfy its intangible requirement and elects to do so. In a on back) President, Maria Isabel Erne 478 Stonemont Dr.	January 1 - N After May Amende Make Check Payat	A SA E: Registered Ago lay 1 Fee is 1, Fee is \$1 d UBR is \$1 ble to Depar	ont signature required to a \$150.00 550.00 61.25 intment of State	when reinstating) 10. Election Campaign Financ Trust Fund Contribution.	DATE Cing	\$5.00 May Be Added to Fees
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lealish President: Maria Isabel Enneka 7.30.2002

BIGHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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