

DOCUMENT # P97000057526

1. Entity Name

WESTON ROAD II ASSOCIATES, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90084 004 ***150.00

Principal Place of Business

Mailing Address

10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 330243325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE FL 33328-2020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0767246

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS REALTY INVESTMENTS, INC.
 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
 DAVIE FL 33328-2020

*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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	ROSS, BARRY	10021 PINES BLVD, #C-101 PEMBROKE PINES FL 33024				
	VPS	ORLAN, JEFFREY P	10021 PINES BLVD, #C-101 PEMBROKE PINES FL 33024				
	VPT	SHERMAN, ROBERT	10021 PINES BLVD, #C-101 PEMBROKE PINES FL 33024				

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 (10/00)