

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90319 020 ***150.00

DOCUMENT # P97000087512

1. Entity Name

WESTON CENTER, INC.

Principal Place of Business

1304 SOUTHWEST 160 AVENUE
SUITE 147
SUNRISE FL 33326

Mailing Address

1304 SOUTHWEST 160 AVENUE
SUITE 147
SUNRISE FL 33326

2. Principal Place of Business

2600 GUNDS CIRCLE

3. Mailing Address

2600 GUNDS CIRCLE

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

WESTON FL

City & State

WESTON FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number 65-0787110

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

EDELMAN, KENNETH
2524 JORDIN
WESTON FL 33327

Name

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

2600 GUNDS CIRCLE SUITE 100

City

WESTON

FL

Zip Code

33327

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 PD
NAME EDELMAN, KENNETH
STREET ADDRESS 1304 SOUTHWEST 160 AVE PMB 147
CITY-ST-ZIP SUNRISE FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 GUNDS CIRCLE SUITE 100
CITY-ST-ZIP WESTON FL 33327 ☐ Change ☐ Addition

TITLE STD
NAME EDELMAN, DEBRA
STREET ADDRESS 1304 SOUTHWEST 160 AVE PMB 147
CITY-ST-ZIP SUNRISE FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS 2600 GUNDS CIRCLE SUITE 100
CITY-ST-ZIP WESTON FL 33327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

KENNETH EDELMAN

4-10-01

Date

954-384-6880

Daytime Phone #

CR2E034 (10/00)