

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046566

1. Entity Name

WESTON COMMERCIAL CENTER, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90319 021 \*\*\*150.00

Principal Place of Business

318 INDIAN TRACE  
SUITE 430  
WESTON FL 33326

Mailing Address

318 INDIAN TRACE  
SUITE 430  
WESTON FL 33326

2. Principal Place of Business

2600 GLADES CIRCLE  
Suite, Apt. #, etc.  
SUITE 100

City & State  
WESTON FL

Zip  
33327

Country  
USA

3. Mailing Address

2600 GLADES CIRCLE  
Suite, Apt. #, etc.  
SUITE 100

City & State  
WESTON FL

Zip  
33327

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838717

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  
318 INDIAN TRACE 430  
WESTON FL 33326

Name

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

2600 GLADES 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 318 INDIAN TRACE PMB 430  
CITY-ST-ZIP WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS 2600 GLADES CIRCLE SUITE 100  
CITY-ST-ZIP WESTON FL 33327

TITLE STD  
NAME EDELMAN, DEBRA  
STREET ADDRESS 318 INDIAN TRACE PMB 430  
CITY-ST-ZIP WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS 2600 GLADES CIRCLE SUITE 100  
CITY-ST-ZIP WESTON FL 33327

TITLE  
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CITY-ST-ZIP

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:

KENNETH EDELMAN

4-10-01

954-384-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)