

2000 UNIFORM BUSINESS REPORT (UBR)

5/6/00

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-06-2000 90312 001 ***300.00

DOCUMENT # P98000052618

1. Entity Name

WESTON ESTATES HOMES, INC.

(R)

Principal Place of Business

Mailing Address

6917 COLLINS AVE.
 MIAMI BEACH FL 33141

6917 COLLINS AVE.
 MIAMI BEACH FL 33141-3263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

NESTOR, BRENDA
 6917 COLLINS AVE.
 MIAMI BEACH FL 33141

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, 2000 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 PCC
 NAME POSNER, VICTOR
 STREET ADDRESS 6917 COLLINS AVE.
 CITY-ST-ZIP MIAMI BEACH FL 33141

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
 NAME NESTOR, BRENDA
 STREET ADDRESS 6917 COLLINS AVE.
 CITY-ST-ZIP MIAMI BEACH FL 33141

☐ Delete

TITLE EVP/Vice Chairman/Secy.
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
 NAME COLVIN, MELVIN
 STREET ADDRESS 6917 COLLINS AVE.
 CITY-ST-ZIP MIAMI BEACH FL 33141

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE C
 NAME LANNER, BLANCHE
 STREET ADDRESS 6917 COLLINS AVE.
 CITY-ST-ZIP MIAMI FL 33141

☐ Delete

TITLE Treasurer
 NAME Launer, Blanche
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
 NAME MONTELLONE, VINCENT
 STREET ADDRESS 8980 S.W. 8TH STREET
 CITY-ST-ZIP PLANTATION FL 33324

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
 NAME WEYCHERT, DAVID
 STREET ADDRESS 6917 COLLINS AVE.
 CITY-ST-ZIP MIAMI FL 33-1411

☒ 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

4/28/00

(305) 866-7272

Date

Daytime Phone #

CR2034 (9/99)