

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 020 \*\*\*150.00

DOCUMENT # P98000068333

1. Entity Name

WESTON ORLANDO PARK, INC.

Principal Place of Business

Mailing Address

5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

659881

2. Principal Place of Business

5193 S. UNIVERSITY DR.

3. Mailing Address

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 DAVIE, FL

City & State  
 DAVIE, FL

4. FEI Number 65-0953550

Applied For  
 Not Applicable

Zip  
 33328

Country

Zip  
 33328

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARULANDA, PABLO A  
 5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name

MARULANDA, PABLO A

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

5193 S. UNIVERSITY DR.

City

DAVIE

FL

Zip Code  
 33328

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

TITLE DO ☐ Delete  
 NAME MARULANDA, PABLO A  
 STREET ADDRESS 5193 S. UNIVERSITY DR.  
 CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DO ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 5193 S. UNIVERSITY DR.  
 CITY-ST-ZIP DAVIE, FL 33328

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/27/01