

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90151 023 ***150.00

DOCUMENT # P98000068333

1. Entity Name
WESTON ORLANDO PARK, INC.



Principal Place of Business

~~5199 S UNIVERSITY DR~~
~~DAVIE FL 33328~~

Mailing Address

P.O. BOX 267068
FORT LAUDERDALE FL 33326

11012778



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 267068

Suite, Apt. #, etc.

City & State
Weston, FL

City & State

4. FEI Number
65-0953550

Applied For
Not Applicable

Zip
33326

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

MARULANDA, PABLO A
~~5199 S UNIVERSITY DR~~
~~DAVIE FL 33328~~

Name

Street Address (P.O. Box Number is Not Acceptable)
2654 Edgewater Dr.

City
Weston

FL

Zip
33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and used if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO
MARULANDA, PABLO A
P.O. BOX 267068
FORT LAUDERDALE FL 33326

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

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12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **854.389.6229**

Date

Daytime Phone #

CR2E034 (10/02)