

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90011 006 \*\*\*150.00

0349867

**DOCUMENT # P99000043245**

1. Entity Name

**JOEL WEISS DISTRIBUTION, INC.**

Principal Place of Business

**2727 W. FLETCHER AV.#22-E  
TAMPA FL 33618**

Mailing Address

**2727 W. FLETCHER AV.#22-E  
TAMPA FL 33618**

**741756**

2. Principal Place of Business

3. Mailing Address

**12101 N DALE MARY HWY #1402  
Suite, Apt. #, etc.**

**12101 N DALE MARY HWY #1402  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-3574188**

Applied For

Not Applicable

Zip

**33618**

Country

Zip

**33618**

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

**WEISS, JOEL**

**2727 W. FLETCHER AV.#22-E  
TAMPA FL 33618**

**12101 N DALE MARY HWY #1402  
TAMPA, FL 33618**

Name

**Joel Weiss**

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

**12101 N. DALE MARY HWY #1402**

City

**TAMPA**

**FL**

Zip Code

**33618**

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          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>WEISS, FLETCHER</b>           |                                 |
| STREET ADDRESS | <b>2727 W. FLETCHER AV.#22-E</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33618</b>            |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>WEISS, JOEL</b>                 |  |
| STREET ADDRESS | <b>12101 N DALE MARY HWY #1402</b> |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33618</b>              |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**Joel Weiss**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 MAR. 2001 8132642812**

Date

Daytime Phone #

CR2E034 (10/00)