

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90175 013 \*\*\*150.00

**DOCUMENT # P99000062131**

1. Entity Name  
**WESTON UNITED INVESTMENTS, INC.**

Principal Place of Business <b>1865 N. CORPORATE LAKES BLVD., #3          WESTON FL 33326</b>	Mailing Address <b>1865 N. CORPORATE LAKES BLVD., #3          WESTON FL 33326</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2625 EXECUTIVE PARK DR.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 5</b>	Suite, Apt. #, etc.
City & State <b>WESTON FL</b>	City & State
Zip <b>33331</b>	Country <b>USA</b>

4. FEI Number <b>65-0937325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**REBOREDO, GASTON**  
**1865 N. CORPORATE LAKES BLVD., #3**  
**WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **REBOREDO, GASTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2625 EXECUTIVE PARK DR. SUITE 5**  
 City **WESTON** FL **33331**

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 DATE **1/17/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REBOREDO, GASTON</b> <b>2566 JARDIN WAY</b> <b>WESTON FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>LASCURAIM, EUGENIO</b> <b>13051 SW 29 CT</b> <b>DAVIE FL 33320</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **1/17/01** (954) 349-3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)