

2000 UNIFORM BUSINESS REPORT (UBR)

bf2

DOCUMENT# P99000083156
1. Entity Name
WESTON ARCHITECTURE CENTER PA.

Principal Place of Business Mailing Address
1875 N. CORPORATE LAKES BLVD 130 N. DIXIE HWY
STE 400 HOLLYWOOD, FL. 33020
WESTON, FL 33326

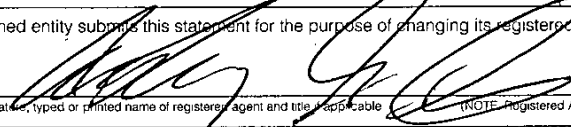
FILED
00 DEC -8 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTHERA P.A.
343 ALMONTA AVE.
CORAL GABLES, FL. 33134

7. Name and Address of New Registered Agent
Name TONY COLMAN
Street Address (P.O. Box Number is Not Notable)
3275 W. HILLSBORO BLVD STE 207
City DEERFIELD BEACH, FL Zip Code 33442

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

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 \$5.00 May Be Added to Fees ☐ Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESTON DR. BART A. CHAPMAN 130 N. DIXIE HWY HOLLYWOOD, FL. 33020	<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
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/99)

P44000083156

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FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

10-24-2000

TO WHOM IT MAY CONCERN:

ON 10-22-2000 I RECEIVED A LETTER FROM THE STATE THAT
MY CORPORATION HAS BEEN DISSOLVED DUE TO, FAILURE TO FILE
THE 2000 CORPORATION ANNUAL REPORT FEE.

I WAS WORKING IN PENNSYLVANIA FIRST, AND MOVED TO UTAH.
I NEVER RECEIVED ANY INFORMATION FROM THE STATE AT ANY
TIME.

ENCLOSED IS A CHECK FOR 150⁰⁰ FOR THE CORPORATION.
IF YOU DECIDE YOU WILL NOT REINSTATE MY CORPORATION, PLEASE
SEND MY CHECK BACK DO NOT ADDUCE THIS TO A 750⁰⁰ FEE.

IF I WAS AWARE OF 150⁰⁰ DUE I WOULD SEND IT RIGHT AWAY.
PLEASE EXCEPT MY 150⁰⁰ PAYMENT AS PAYMENT IN FULL FOR
THE REINSTATEMENT OF MY CORPORATION.

WESTON ACUPUNCTURE CENTER
1875 N. CORPORATE LAKES BLVD.
WESTON, FL. 33326
(954) 384-7115

REGARD



BRENT A. CHAPMAN