## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # S02381 1. Entity Name LANDSTAR CENTERS, INC. -27-2001 90385 028 \*\*\*150.00 Mailing Address Principal Place of Business 550 BILTMORE WAY 550 BILTMORE WAY #1110 #1110 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0316226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISENFELD, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY STE 1120 CORAL GABLES FL 33134 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPD TITLE TITLE CR2E034 (10/00) ☐ Delete Addition Change ECKSTEIN, BERNARD NAME NAME STREET ADDRESS 550 BILTMORE WAY #1110 STREET ADDRESS CHY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change Addition STERN. RODOLFO NAME NAME STREET ADDRESS 550 BILTMORE WAY #1110 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL VPD** TITLE ☐ Delete TITLE Change ☐ Addition NAME STERN, EDUARDO STREET ADDRESS 550 BILTMORE WAY #1110 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SERVIANSKY, DAVID STREET ADDRESS 550 BILTMORE WAY #1110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** TITLE ☐ Delete ☐ Change Addition NAME HOWITZ, ROBERTO NAME STREET ADDRESS 550 BILTMORE WAY #1110 STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP CORAL GABLES FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP of not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information burgle and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trus changed, or on an attachment with a

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR