

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90110 046 ***150.00

DOCUMENT # P98000053307

1. Entity Name
DAVID J. WIENER, P.A.

Principal Place of Business
2401 PGA BLVD.,STE.280
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BLVD.,STE.280
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
One North Clematis Street
 Suite, Apt. #, etc.
Suite 305

3. Mailing Address
One North Clematis Street
 Suite, Apt. #, etc.
Suite 305

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-0847262

Applied For
 Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J
2401 PGA BLVD.,STE.280
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
David J. Wiener
 Street Address (P.O. Box Number is Not Acceptable)
One North Clematis Street
Suite 305
 City
West Palm Beach FL Zip Code
33401

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.

4/19/02
 DATE

(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, 2002 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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
D	WIENER, DAVID J	2401 PGA BLVD.,STE.280	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
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	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Wiener, David J.	One North Clematis Street, Suite 305	West Palm Beach, FL 33401	<input type="checkbox"/>
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 any change with an officer like empowered.

SIGNATURE: By:  **DAVID J. WIENER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02
 Date

561-366-9144
 Daytime Phone #

CR2E034 (9/01)