

FILED


03 MAY 14 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000084243

1. Entity Name  
RICHARD M. WEINER, P.A.



Principal Place of Business  
200 S.E. 6TH STREET  
SUITE 100E  
FORT LAUDERDALE, FL 33301

Mailing Address  
200 S.E. 6TH STREET  
SUITE 100E  
FORT LAUDERDALE, FL 33301

400018960484  
05/14/03--01087--008 \*\*558.75



2. Principal Place of Business  
3333 N. University Dr.  
Suite A  
Davie, Florida  
33304 USA

3. Mailing Address  
3333 N. University Dr.  
Suite A  
Davie, Florida  
33304 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number  
65-0953186

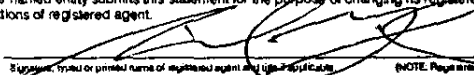
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
WEINER, RICHARD M ESQ.  
200 S.E. 6TH STREET  
SUITE 100E  
FORT LAUDERDALE, FL-33301

7. Name and Address of New Registered Agent  
Name  
3333 N. University Dr.  
Suite A  
Davie, FL 33304  
City  
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE May 12, 2003

FILE FILING FEE IS \$150.00  
AFTER MAY 1, 2003 FEE WILL BE \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, RICHARD M ESQ. 200 S.E. 6TH STREET, SUITE 100E FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. WEINER, RICHARD M ESQ. 3333 N. UNIVERSITY DR, SUITE A DAVIE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live-empowered.

SIGNATURE:  DATE May 12, 2003 (954) 441-1336

CRE0034 (10/02)

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