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

## DOCUMENT # 567018

1. Entity Name

WEINTRAUB CONSTRUCTION CO INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91006 013 \*\*\*150.00

Principal Place of Business 7760 WEST 20TH AVENUE SUITE #1 HIALEAH FL 33016		Mailing Address 7760 WEST 20TH AVENUE SUITE #1 HIALEAH FL 33016				
2. Principal Plac	ce of Business	3. Mailing Address		I (BEIGI BIHIN GIIIH IRBII REI	## 119#1 (BIT #1#I) #1#II #1BI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-18191	73	Applied For  Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire		75 Additional Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Agent	
WENTON			Name			
WEINTRAUB, SAMUEL 7431 MIAMI VIEW DR		Street Address		s (P.O. Box Number is Not Acceptable)		
	Y VILLAGE FL 33141					
			City		FL Z	ip Code
0 T/ 1	amed entity submits this statement fo	with a suppose of abanaina ita		sistered agent, or both in the State of		er with and accept
	named entity submits this statement to thins of registered agent.	or the purpose of changing its	registered diffice of reg	gistered agent, or both, in the State of	ii rionda. Tam iamiii	ar with, and accept
SIGNATURE						
Si	signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature re	equired when reinstating)	DATE	
After N	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		<ol> <li>Election Campaign</li> <li>Trust Fund Contrib</li> </ol>		\$5.00 May Be Added to Fees
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10. TITLE \ \ NAME \ \ \	OFFICERS AND VD WEINTRAUB, SAMUEL	DIRECTORS	TITLE NAME	ADDITIONS/CHANGES TO		
10. TITLE \ \ \ NAME \ STREET ADDRESS 7	OFFICERS AND	DIRECTORS	TITLE	ADDITIONS/CHANGES TO		
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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 607, 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 ke empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4303 305-551-9398