

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604648

1. Entity Name

ALBERT WILENSKY, P.A.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90041 001 ***150.00

Principal Place of Business

13899 BISCAYNE BLVD
109
MIAMI FL 33181
US

Mailing Address

13899 BISCAYNE BLVD
109
MIAMI FL 33181
US

2. Principal Place of Business

16499 N.E 19th Avenue

3. Mailing Address

16499 NE 19th Avenue

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

North Miami Beach, FL

City & State

NMB, FL

Zip

33162

Country

Dade

Zip

33162

Country

Dade

4. FEI Number

59-1501501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILENSKY, ALBERT
13899 BISCAYNE BOULEVARD, SUITE 109
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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, 2001 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

TITLE ☐ Delete
NAME P
WILENSKY, ALBERT
STREET ADDRESS 13899 BISCAYNE BOULEVARD, SUITE 109
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

(305) 940-3090

Daytime Phone #

CR2E034 (10/00)