2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # 604910 1. Entity Name WEINSTEIN, BAVLY AND MOON, P.A. 03-29-2000 90075 046 ***150.00 Principal Place of Business Mailing Address 19 WEST FLAGLER STREET, SUITE # 19 WEST FLAGLER STREET, SUITE MIAMI FL 33130-4407 MIAMI FL 33130 0 4 0 0 0 0 0 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1500691 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, ALVIN N Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET, SUITE MIAM! FL 33130 Zip Code City 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ·11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE WEINSTEIN, ALVIN N NAME NAME STREET ADDRESS STREET ADDRESS 19 WEST FLAGLER STREET, SUITE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33130** Change ☐ Addition TITLE Delete TITLE MOON, ALBERT E NAME NAME STREET ADDRESS STREET ADDRESS 19 WEST FLAGLER STREET, SUITE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33130 ☐ Change ☐ Addition TITLE TITLE WEINSTEIN, SCOTT W NAME NAME 19 WEST FLAGLER STREET, SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 17. Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i ppe legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other changed, or on an attac SIGNATURE: Daytime Phone # Date