

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90493 023 ***150.00

DOCUMENT # 610849

1. Entity Name

MORTON D. WEINER/AMPAC, INC.

Principal Place of Business

Mailing Address

200 SE FIRST ST. #900
 MIAMI FL 33131

200 SE FIRST ST. #900
 MIAMI FL 33134-4304

2. Principal Place of Business

3. Mailing Address

362 Minorca Avenue
 Suite, Apt. #, etc.

362 Minorca Avenue
 Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL
 Zip Country

Coral Gables, FL
 Zip Country

33134

33134

4. FEI Number **59-2065572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WEINER, JEFF B.

~~200 SE FIRST STREET~~ **362 Minorca Ave**

~~SUITE 900~~

~~MIAMI FL 33131~~ **Coral Gables, FL. 33134**

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

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, 2000 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 **Chairman** ☐ Delete
 NAME **WEINER, MORTON D.**
 STREET ADDRESS **200 SE FIRST ST.**
 CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **Chairman** ☐ Change ☒ Addition
 NAME **Cabeza, Frank D.**
 STREET ADDRESS **362 Minorca Ave**
 CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE **VSD President** ☐ Delete
 NAME **WEINER, JEFF**
 STREET ADDRESS **200 SE FIRST ST.**
 CITY-ST-ZIP **MIAMI, FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Frank D. Cabeza
FRANK D. CABEZA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

13051 VVY-2324