## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **F38368** BERNARD B. WEINTRAUB, C.P.A., P.A. 02-01-2000 90101 001 \*\*\*150.00 Mailing Address Principal Place of Business 2600 DOUGLAS RD. STE 708 2600 DOUGLAS RD. STE 708 CORAL GABLES FL 33146-2938 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 1320 S. DIXIE HWY 1320 S. DIXIE HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 750 750 SUITE Applied For City & State City & State 4. FEI Number 59-2107582 CORAL GABLES Not Applicately CORAL GABLES FL \$8.75 Additional Country 5. Certificate of Status Desired 33146-2938 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ \_\_ WEINTRAUB, BERNARD B Street Address (P.O. Box Number is Not Acceptable) 2800 DOUGLAS RD #708-1320 5. DIXIE HWY. #750 CORAL GABLES FL-33134- 37146 -2938 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE NAME WEINTRAUB, BERNARD B NAME 1320 S. DIXIE HWY, STE 750 STREET ADDRESS STREET ADDRESS 2600 DOUGLAS RD STE 708 COLAL FABLES, FL 33146-2938 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ Change Addition Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. BENARD B. WEINTRIVB

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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