

8/10/01-90002-050-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10003

1. Entity Name

ETW & ASSOCIATES ARCHITECT/PLANNER, INC.

Principal Place of Business

Mailing Address

% EDWARD T. WEINER

% EDWARD T. WEINER

2130 NW 5TH ST.
PLANTATION FL 333172130 NW 5TH ST.
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

7301 NW 4th St.

7301 NW 4th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105

SUITE 105

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2230998

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

WEINER, EDWARD T.

7060 N.W. 5TH STREET

PLANTATION FL 33317

7301 NW 4th St.

SUITE 105

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 Date is 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PD	WEINER, EDWARD T.	7301 NW 4th St.	PLANTATION, FL 00000	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD T. WEINER

Date

Daytime Phone #

954-584-1224

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 2:10

REINSTATEMENT

01