

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87345

1. Entity Name
THE SAMUEL ASSOCIATES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90288 008 ***150.00

Principal Place of Business

Mailing Address

~~135 PALM AVE~~
~~MIAMI BEACH FL 33139~~

~~135 PALM AVE~~
~~MIAMI BEACH FL 33139~~

11111 Biscayne Blvd #1257
MIAMI FLA 33161

11111 Biscayne Blvd #1257
MIAMI, FLA 33161

2. Principal Place of Business

3. Mailing Address

11111 Biscayne Blvd
Suite, Apt. #, etc.
#1257

11111 Biscayne Blvd
Suite, Apt. #, etc.
#1257

City & State

City & State

MIAMI FL 33161

MIAMI FL

Zip

Country

Zip

Country

33161

USA

33161

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2634069

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

KRAMER, SANFORD H.
12000 BISCAYNE BLVD.
SUITE 203
N. MIAMI FL 33181

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WEINBERG, AL
STREET ADDRESS 11111 BISCAYNE BLV #1257
CITY-ST-ZIP N. MIAMI FL ☐ Delete

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

TITLE SD
NAME WEINBERG, JAY N
STREET ADDRESS 719 5TH ST P.O.B. 4788
CITY-ST-ZIP MIAMI BEACH FL 33139 Aspen, CO 81612 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME Weinberg Jay N.
STREET ADDRESS P.O.B. 4788
CITY-ST-ZIP Aspen CO 81612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

305 891 6480

Date

Daytime Phone #

CR2E034 (10/00)

0601613