

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02662

1. Entity Name

EDWARD N. WINITZ, P.A.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90005 029 ***150.00

Principal Place of Business

9350 S. DIXIE HWY
PH1
MIAMI FL 33156
US

Mailing Address

9350 S. DIXIE HWY
PH1
MIAMI FL 33134-6134
US

2. Principal Place of Business

6390 S.W. 113 ST.
Suite, Apt. #, etc.

3. Mailing Address

6390 S.W. 113 ST.
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

US

Zip

33156

Country

USA

4. FEI Number

59-2644203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINITZ, EDWARD N
9350 S. DIXIE HWY
PENTHOUSE 1
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name WINITZ, Edward N

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

6390 SW 113 ST

City

MIAMI

FL

Zip

33156

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

Edward N Winitz President

1/5/00

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	WINITZ, EDWARD N.	
STREET ADDRESS	9350 S. DIXIE HWY, PH 1	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Edward N. Winitz

4/19/00

305 648 2501