

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90104 045 ***150.00

DOCUMENT # J14389

1. Entity Name

WEINSTEIN REALTY, INC.

Principal Place of Business

**2126 E EDGEWOOD DRIVE
 STE 5
 LAKELAND FL 33803
 US**

Mailing Address

**2126 E EDGEWOOD DRIVE
 STE 5
 LAKELAND FL 33803
 US**

2. Principal Place of Business

117 N. EASTSIDE DR

3. Mailing Address

117 N. EASTSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-2686414

Applied For

Not Applicable

Zip

33801

Country

US

Zip

33801

Country

US

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

**WEINSTEIN, RAOUL
 2126 E. EDGEWOOD DR.
 SUITE 5
 LAKELAND FL 33803**

Name

WEINSTEIN, RAOUL

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

117 N. EASTSIDE DR.

City

LAKELAND

FL

Zip Code

33801

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]

RAOUL L. WEINSTEIN, PRES

1/11/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, RAOUL L. 1533 LAGOON RD LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE:

[Signature]

RAOUL L. WEINSTEIN

1/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803-665-2828

CR2E034 (9/01)