FILED

02-10-2003 90215 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J65015 **DOCUMENT#**

1. Entity Name

FRANK, WEINBERG & BLACK, P.A.

						! .				
Principal Place of Business 7805 SW 6TH COURT PLANTATION FL 33324-4010			Mailing Address 7805 SW 6TH COURT PLANTATION FL 33324-4010							
2. Principal f	Place of Busine	ss	3. Mailing Address			-				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Num	nber 65-0001906		pplied For ot Applicable	
Zip Country					ntry	- 5. Certifica	te of Status Desired [\$8.75 Ad		
	6. Name a	nd Address of Current	Registered Agent			7. Name ar	nd Address of New Regis	tered Agent		
					Name				i	
	rg, steven / 6th court			Street Address			(P.O. Box Number is Not Acceptable)			
	TON FL 3302				•					
. 5	1011 1 2 0002	•			City			FL Zip Coo	de	
the obligates	tions of register	ed agent. printed name of registered agent	. :		red office or regision		ooth, in the State of Florida.	l am familiar with	, and accept	
Afte Make Check	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o				7	Election Campaign Financin Trust Fund Contribution.	☐ Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDITION	S/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP FRANK, NE 7805 SW 6 PLANTATIO	TH COURT	□ Del	NAM STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	DTS WEINBERG 7805 SW 6 PLANTATIO		☐ Del	NAM STR				☐ Change	Addition	
ITLE IAME ITREET ADDRESS CITY-ST-ZIP	D BLACK, DA 7805 SW 6 PLANTATIO	TH COURT	☐ Del	NAM STR				☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Del	NAM STR				Change	Addition	
ITLE IAME ITREET ADDRESS ITY-§T-ZIP			□ Del	NAM STR	i i			☐ Change	Addition	
ITLE AME			☐ Deli	ete TITL				☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: '

CITY-ST-ZIP

Chature required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR