FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 19, 2001 8:00 am **DOCUMENT # K52764** Secretary of State 1. Entity Name FRED WEINSTEIN, P.A. 01-19-2001 90069 019 ***150.00 Principal Place of Business Mailing Address 1903 S CONGRESS AVE 1903 S CONGRESS AVE 700532 SUITE 310 SUITE 310 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Rd 6100 Glanus 6100 GLADES ROAD Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -2-11 City & State Applied For 4. FEI Number 65-0088735 BOCA RATON Not Applicable Country S \$8.75 Additional 5. Certificate of Status Desired 33434 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, FRED WEINSTEIN, FRED Street Address (P.O. Box Number is Not Acceptable) 1903 S CONGRESS AVE **SUITE 310** SUITE 211 **BOYNTON BCH. FL 33426** Zip Code 4 BOCA RATON 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 1/8/0001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPST TITLE ☐ Delete TITLE Change CR2E034 (10/00) WEINSTEIN, FRED NAME NAME 6100 Glades Rd #211 1903 S CONGRESS AVE #310 STREET ADDRESS STREET ADDRESS Boca Raton, EL 33434 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33426-6558 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F ☐ Change NAME STREET ADDRESS 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

Fred Weinstin