## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # K69297 Jan 25, 2001 8:00 am Secretary of State FREDERICK S. WEINSTEIN, C.P.A., P.A. 01-25-2001 90260 040 \*\*\*150.00 Principal Place of Business Mailing Address 4875N FEDERAL HWY 4TH FLOOR 4875N FEDERAL HWY 4TH FLOOR FT. LAUDERDALE FL 33308-1610 FT. LAUDERDALE FL 33308-1610 2. Principal Place of Business 3. Mailing Address TO HTOE WA 888K Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Boca Rator City & State 4. FEI Number 65-0182948 Applied For ۴١ Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33434 Palm Beac Fée Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINSTEIN, FREDERICK S. Street Address (P.O. Box Number is Not Acceptable) 28888 NW 30TH ST. BOCA RATON FL 33431 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition WEINSTEIN, FREDERICK S. NAME NAME 4875 N FED HWY 4TH FL STREET ADDRESS STREET ADDRESS ft. Lauderdale fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete TITLE Ti Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 amian 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.