

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90191 009 \*\*\*150.00

**DOCUMENT # K76675**

1. Entity Name  
**THE ARTHUR WEINER COMPANY**

Principal Place of Business  
**2450 MIAMI GARDENS DRIVE SUITE 104**  
**NORTH MIAMI BEACH FL 33180**

Mailing Address  
**2450 MIAMI GARDENS DRIVE SUITE 104**  
**NORTH MIAMI BEACH FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Arthur Weiner**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2627 Ives Dairy Rd.**  
 Suite, Apt. #, etc.

City & State  
**Aventura Florida Aventura FL**

4. FEI Number **65-0110617**  
 Applied For  
 Not Applicable

Zip Country  
**33180 USA 33180 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEINER, ARTHUR**  
**20222 N.E. 19TH PLACE**  
**NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 DATE **1-21-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEINER, ARTHUR</b> <b>20222 NE 19TH PLACE</b> <b>N. MIAMI BEACH FL</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

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**

**1-21-02 (305) 932-6202**  
 Date Daytime Phone #

CR2E034 (9/01)