

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90075 003 ***150.00

DOCUMENT # L68221

1. Entity Name

SIRI FINANCIAL CORP.

note new address

Principal Place of Business

Burt Weintraub
3912 So. Ocean Blvd.
#1110
Highland Beach, FL

Mailing Address

Burt Weintraub
3912 So. Ocean Blvd.
#1110
Highland Beach, FL

2. Principal Place of Business

33487
3912 South Ocean Blvd.
Suite, Apt. #, etc.
Suite 1110

City & State
Highland Beach, FL

3. Mailing Address

33487
3912 South Ocean Blvd.
Suite, Apt. #, etc.
Suite 1110

City & State
Highland Beach, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0196459

Applied For

Not Applicable

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

HOLLANDER, BRUCE L
901 SOUTH STATE ROAD 7, PH-C
HOLLYWOOD FL 33023

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

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, 2001 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 **DPS** ☐ Delete
NAME **WEINTRAUB, BURT**
STREET ADDRESS **945 CLINT MOORE RD, STE 100**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3912 South Ocean Blvd., Suite 1110**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Burt Weintraub
Burt Weintraub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

01/05/01 **561-276-6599**
Date Daytime Phone #

CR2E034 (10/00)