

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001736**

1. Entity Name  
**FRANK, EFFMAN, WEINBERG & BLACK, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business  
**8000 PETERS ROAD, SUITE 200  
PLANTATION FL 33324**

Mailing Address  
**8000 PETERS ROAD, SUITE 200  
PLANTATION FL 33324-4030**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7805 S.W. 6th Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**7805 S.W. 6th Court**  
Suite, Apt. #, etc.

City & State  
**Plantation, Florida**

City & State  
**Plantation, Florida**

Zip Country  
**33324 USA**

Zip Country  
**33324 USA**

4. FEI Number  
**65-0862854**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEINBERG, STEVEN A ESQ.  
8000 PETERS ROAD, SUITE 200  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
**STEVEN A. WEINBERG, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**7805 S.W. 6th Court**

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **2/25/00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

*mf 3/20/00*

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK, NEIL G 8000 PETERS ROAD, SUITE 200 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EFFMAN, STEVEN W 8000 PETERS ROAD, SUITE 200 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACK, DAVID W 8000 PETERS ROAD, SUITE 200 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINBERG, STEVEN A 8000 PETERS ROAD, SUITE 200 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK, NEIL G. 7805 S.W. 6th Court Plantation, Florida 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EFFMAN, STEVEN W. 7805 S.W. 6th Court Plantation, Florida 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACK, DAVID W. 7805 S.W. 6th Court Plantation, Florida 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINBERG, STEVEN A. 7805 S.W. 6th Court Plantation, Florida 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-03/22/00--0108 Change 108 Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Steven A. Weinberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **2/25/00** Daytime Phone # **(954) 474-8000**

CRZE083 (9/99)