

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03947

1. Corporation Name
WEITZER REALTY COMPANY

Principal Place of Business

5901 NW 151ST STREET
SUITE 120
MIAMI LAKES FL 33014
US

Mailing Address

P O BOX 4550
MIAMI LAKES FL 33014
US

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90041 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1984

4. FEI Number

59-2641780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 14505 COMMERCE WAY

2a. Mailing Address

26 14505 COMMERCE WAY

Suite, Apt. #, etc.

22 #400

Suite, Apt. #, etc.

27 #400

City & State

23 MIAMI LAKES, FL

City & State

28 MIAMI LAKES, FL

Zip Country

24 33016 25

Zip Country

29 33016 30

9. Name and Address of Current Registered Agent

WEITZER, HARRY
5901 NW 151ST STREET
SUITE 120
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

JOHNSTON, PATRICE M.

82 Street Address (P.O. Box Number is Not Acceptable)

14505 COMMERCE WAY, #400

83

84 City
MIAMI LAKES

FL

85 Zip Code
33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Patrice M. Johnston

4/2/99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WEITZER, HARRY

STREET ADDRESS 5901 NW 151ST STREET, SUITE 120

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VTD ☒ DELETE

NAME KLEINERMAN, PETER

STREET ADDRESS 5901 NW 151ST STREET #120

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE V ☐ DELETE

NAME DOMINGUEZ, NANCY

STREET ADDRESS 5901 NW 151ST STREET #120

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE S ☐ DELETE

NAME JOHNSTON, PATRICE M

STREET ADDRESS 5901 NW 151ST STREET #120

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VASD ☒ DELETE

NAME SPEIZER, HARRY

STREET ADDRESS 5901 NW 151ST STREET #120

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT ☐ Change ☒ Addition

1.2 NAME RICE, SHERYL S.

1.3 STREET ADDRESS 14505 COMMERCE WAY, #400

1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME ROSEWATER, JAMES P.

2.3 STREET ADDRESS 14505 COMMERCE WAY, #400

2.4 CITY-ST-ZIP MIAMI LAKES, FL 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrice M. Johnston 4/2/99

305 819 4663

Date

Daytime Phone #

CR2E034 (1/1/98)