

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M03947**

1. Entity Name.

WEITZER REALTY COMPANY

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90007 020 ***550.00

Principal Place of Business

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016
US

Mailing Address

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33126-1927
US

2. Principal Place of Business

7270 NW 12 Street

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc

Suite 410

Suite, Apt. #, etc

Suite 410

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2641780

Applied For

Not Applicable

Zip

33126

Country

Zip

33126

Country

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

JOHNSTON, PATRICE M
14505 COMMERCE WAY #400
MIAMI LAKES FL 33016

Name

Keyla Alba Reilly

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

7270 NW 12 Street, Suite 410

City

Miami

FL

Zip Code

33126

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WEITZER, HARRY 5901 NW 151ST STREET, SUITE 120 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RICE, SHERYL S 14505 COMMERCE WAY #400 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMINGUEZ, NANCY 5901 NW 151ST STREET #120 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, PATRICE M 5901 NW 151ST STREET #120 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEWATER, JAMES P 14505 COMMERCE WAY #400 MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luis P. Rabell 7270 NW 12 Street, Suite 410 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Emiliano de la Fuente 7270 NW 12 Street, Suite 410 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Keyla Alba Reilly 7270 NW 12 Street, Suite 410 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Thomas Iglesias 7270 NW 12 Street, Suite 410 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" 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

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

2/18/00

305.599.8100

Date

Daytime Phone #

CR2E034 (9/99)