2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # M36126

1. Entity Name

Principal Place of Business

LAW OFFICES OF PHILIP T. WEINSTEIN, P.A.

2250 S.W. 3RD AVENUE THE FLOOR THE 33129-2210		5TH FLOOR	2250 S.W. 3RD AVENUE 5TH FLOOR MIAMI FL 33129-2067			C0065504				
2. Principal P	ace of Business	3. Mailing Addr	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	•	City & State	City & State		4. 1	59-2717045	Applied For Not Applicable			
Zip	Country	Zip	Cou	ntry	5. (Certificate of Status Desired		8.75 Add		1
	6. Name and Address of Currer	nt Registered Agent			7, 1	Name and Address of New Registe	red Ag	jent		1
	o. Idano ano Adalese el conte			Name						1
WEINSTEIN, PHILIP T. 2250 S.W. 3RD AVENUE				Street Address		lox Number is Not Acceptable)				
	FLOOR II FL 33125-9094						FL	Zip Cod	e	-
9. This corpo	Signature, typed or printed name of registered age pration is eligible to satisfy its Intangit equirement and elects to do so.	ole FIL	LE NOW!!! FEE	•		10. Election Campaign Financing			O May Be	
_	ia on back)		After MAY 1, 2000 Fee will b Make Check Payable to Departr							ĺ
11.	OFFICERS AN	D DIRECTORS	RECTORS 12.		AE	DITIONS/CHANGES TO OFFICERS	AND (JIRECTOR:	S IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delete WEINSTEIN, PHILIP T. 2250 SW 3RD AVE., 5TH FL MIAMI FL			LE ME REET ADDRESS TY-ST-ZIP	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i St	LE Me Reet address IY-ST-ZIP			Î	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA Sti	TLE ME REET ADDRESS TY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP			Delete TIT	ILE ME REET ADDRESS IY-ST-ZIP				☐ Change	Addition	1

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.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-12-00 305-856-0082

☐ Change

☐ Change

Addition

Addition

Daytime Phone #

FILED

Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90044 047 ***150.00