

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # N04000004917 1. Entity Name THE WEINSTEIN MITZVAH FOUNDATION, INC.	
---	---

Principal Place of Business 333 LAS OLAS WAY 1510 FORT LAUDERDALE, FL 33301	Mailing Address 333 LAS OLAS WAY 1510 FORT LAUDERDALE, FL 33301
---	---



01212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0494933	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINSTEIN, RITA
333 LAS OLAS WAY 1510
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINSTEIN, RITA 333 LAS OLAS WAY 1510 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, STANLEY 333 LAS OLAS WAY 1510 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MARCY 1232 IRIS CT FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, MARLA 941 PARK AVE, 10B NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, MARNI 3649 SPANISH OAK PT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000671286
03/28/07-80022-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/15/07 954-241-7365**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #