

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90087 005 ****61.25

DOCUMENT # N32569

1. Entity Name

WEINSTEIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**ONE BISCAYNE TOWER, ST 2690
 MIAMI FL 33131
 US**

**ONE BISCAYNE TOWER, ST 2690
 MIAMI FL 33131
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINSTEIN, STANLEY
 ONE BISCAYNE TOWER, # 2690
 MIAMI FL 33131**

Name

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

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP WEINSTEIN, SHIRLEY B.**
 STREET ADDRESS **ONE BISCAYNE TOWER, SUITE 2690**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS WEINSTEIN, STANLEY**
 STREET ADDRESS **ONE BISCAYNE TOWER, SUITE 2690**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV WEINSTEIN, JERRALD**
 STREET ADDRESS **95 OLD MILL ROAD**
 CITY-ST-ZIP **GREAT NECK NY 11023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS WEINSTEIN, SARAH**
 STREET ADDRESS **189 W 89TH ST**
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE Change Addition
 NAME
 STREET ADDRESS **95 Old Mill Rd**
 CITY-ST-ZIP **GREAT NECK NY 11023**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

SIGNATURE REQUIRED JERRALD WEINSTEIN

Date

Daytime Phone #

2/2/02 305 371 8701

CRE037 (9/01)