

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42633

1. Entity Name

MID-WINTER SEMINARS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90192 002 ****61.25

Principal Place of Business
2516 PRINCETON CT
WESTON FL 33327-1501
US

Mailing Address
2516 PRINCETON CT
WESTON FL 33327-1501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0294219

Applied For

Not Applicable

Zip

Country

Zip

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

PRESS, MARTIN R.
500 E BROWARD BLVD
SUITE 1130
FT LAUDERDALE FL 33394

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 | D | <input type="checkbox"/> Delete |
| NAME | MORGANSTINE, MARC | |
| STREET ADDRESS | 2516 PRINCETON CT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLITZ, JULIAN | |
| STREET ADDRESS | 19707 TURNBERRY WAY APT 12J | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RIZZO, MARILYN | |
| STREET ADDRESS | 1714 N. 40TH AVE | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Morganstine, Marc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 (954) 389-7762

CR2E037 (9/99)