

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007900

1. Entity Name

95 MERRICK WAY, INC.

FILED

02 OCT -4 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

95 MERRICK WAY SUITE 100  
CORAL GABLES FL 33134

Mailing Address

95 MERRICK WAY SUITE 100  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992416

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

~~GARCIA, ANASTASIA~~  
~~95 MERRICK WAY SUITE 100~~  
~~CORAL GABLES FL 33134~~

ROBERT F. WEINER,  
95 MERRICK WAY #100  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

ROBERT F. WEINER

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

95 MERRICK WAY, SUITE 100

City

CORAL GABLES

FL

Zip Code

33134

8. The above named entity submitting 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)

09/30/02 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, 2002 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

TITLE D ☒ Delete  
NAME GARCIA, ANASTASIA  
STREET ADDRESS 95 MERRICK WAY SUITE 100  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME CHONIN, NEIL  
STREET ADDRESS 95 MERRICK WAY SUITE 100  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME LAMEL, IRV  
STREET ADDRESS 95 MERRICK WAY SUITE 100  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME CARPEL, RONALD  
STREET ADDRESS 95 MERRICK WAY SUITE 100  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☒ Change ☒ Addition

TITLE D ☐ Change ☒ Addition  
NAME ROBERT F. WEINER  
STREET ADDRESS 95 MERRICK WAY #100  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

Robert F. Weiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-473-5125