2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90747 009 ***160.00

DOCUMENT # P00000060663

1. Entity Name
WINER & ASSOCIATES, P.A.

Principal Place of Business
500 E BROWARD BLVD
18TH FLOOR
FORT LAUDERDALE, FL 33394
STE. 2000 333 N. NEW RIVER DR. E FT. LAUDERDALE, FL. 33301

Mailing Address
500 E BROWARD BLVD
18TH FLOOR
FORT LAUDERDALE, FL 33394
STE. 2000 333 N. NEW RIVER DR E FT. LAUDERDALE, FL 33301

2. Principal Place of Business		3. Mailing Address	
STE. 2000		STE. 2000	
Suite, Apt. #, etc. 333 N. NEW RIVER DR. E.		Suite, Apt. #, etc. 333 N. NEW RIVER DR. E.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33301	Country US	Zip 33301	Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1018880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINER, MICHAEL
~~18TH FLOOR~~
~~500 E BROWARD BLVD~~
~~FORT LAUDERDALE, FL 33394~~

7. Name and Address of New Registered Agent

Name MICHAEL WINER
Street Address (P.O. Box Number is Not Acceptable) STE 2000
333 N. NEW RIVER DR. E
City FT. LAUDERDALE FL Zip Code 33301

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 [signature] MICHAEL WINER 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINER, MICHAEL 18TH FLOOR, 500 E. BROWARD BLVD. FORT LAUDERDALE, FL 33394	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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] 4/29/03 (954) 759-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #