

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087338

1. Entity Name  
WEINRICH & ASSOCIATES, INC.

Principal Place of Business  
6971 NORTH FEDERAL HIGHWAY #100  
BOCA RATON FL 33487

Mailing Address  
6971 NORTH FEDERAL HIGHWAY #100  
BOCA RATON FL 33487

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90020 025 \*\*\*150.00

900020



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1044250

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WEINRICH, KARL A  
6971 NORTH FEDERAL HIGHWAY  
SUITE 100  
BOCA RATON FL 33487

## 7. Name and Address of New Registered Agent

Name *N/A*

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]* 1/3/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME WEINRICH, KARL A  
STREET ADDRESS 6971 NORTH FEDERAL HIGHWAY #100  
CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 authority like empowered.

SIGNATURE: *[Signature]* 1/3/02 561 994 6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0408402 AV

CR2034 (9/01)