

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0038128 AV

DOCUMENT # **P0000011124**

1. Entity Name
THE LAW OFFICES OF BRETT A. WEINBERG, P.A.

08-20-2001 90076 031 ***150.00

Principal Place of Business
101 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address
101 MADEIRA AVENUE
CORAL GABLES FL 33134

UUUU0172U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 Alhambra Circle

3. Mailing Address
201 Alhambra Circle

Suite, Apt. #, etc.
Suite 705

Suite, Apt. #, etc.
Suite 705

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
52-2281883

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

WEINBERG, BRETT A
101-MADEIRA AVENUE
CORAL GABLES FL 33134

Name
Weinberg, Brett A
 Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle, Suite 705
 City **Coral Gables** **FL** Zip Code **33134**

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 *Brett A. Weinberg*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D WEINBERG, BRETT A**
 STREET ADDRESS **101 MADEIRA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **Weinberg, Brett A.**
 STREET ADDRESS **201 Alhambra Circle, Suite 705**
 CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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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 empowerment.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)