

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90001 009 ***150.00

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DOCUMENT # P00000114441

1. Entity Name

BARRY S. WEINBERG, D.C., P.A.

Principal Place of Business

**3019 NW 60TH ST.
 FT. LAUDERDALE FL 33309**

Mailing Address

**3019 NW 60TH ST.
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1083756

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**WEINBERG, BARRY S
 3019 NW 60TH ST.
 FT. LAUDERDALE FL 33309**

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

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 **Pres.** ☐ Delete
 NAME **Barry S. Weinberg**
 STREET ADDRESS **3019 NW 60th St.**
 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33309**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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:

Barry S. Weinberg

7/25/01

Date

954 970 5177

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment# P0000011 4441 A0879790

A Place for Healing

Barry S. Weinberg, D.C.

Doctor of Chiropractic

July 25, 2001

Division of Corporations
Uniform Business Report Filings
PO Box #1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Due to the date of corporation application in December 2000 for Barry S Weinberg, DC PA, we never received the Uniform Business Report prior to now. Please accept the usual fee of \$150 in consideration of this circumstance.

Thank You.

Sincerely,


Dr. Barry S. Weinberg