2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

UN	IFORM BUSINE	SS REPOR	T (UBR)	¬ FÜED		
DOCUMENT # P0200004855						
1. Entity Nam WEINTRA	NUB ENTERPRISES, INC.			03 APR 28 AM 8: 51		
S-ii1 SI			NGG WE THE	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 10115 DIAMOND LAKE ROAD BOYNTON BEACH FL 33437		Mailing Address 10115 Diamond Lake RO BOYNTON BEACH FL 334	•			
2. Principal Place of Business		3. Mailing Address			IJi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied Fo		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	_	
			Name			
Weintraub, Ted 10115 Diamond Lake Road			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
BOYNTON	N BEACH FL 33437				_	
			City	FL Zip Code		
	tions of registered agent. Signature, typed or printed name of registered agent a	·		ered agent, or both, in the State of Florida. I am familiar with, and according		
		nd title if applicable. (NOTE	Registered Agent signature require	nd when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Efection Campaign Financing \$5.00 May E Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	D WEINTRAUB, TED 10115 DIAMOND LAKE ROAD	☐ Delete ·	TITLE NAME STREET ADDRESS	□ Change □ Add □ □ □ □ 1 8 4 5 4 1 3 5 05/07/0301100001 **3236.25	ition	
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33437	Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addi		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delote	NAME STREET ADDRESS CITY-ST-ZIP	_ Sharigo _ Addi		
TITLE NAME Street Address City-St-Zip		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplor or on an attachment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered.	the exemption stated in Se ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directed. Florida Statutes; and that my name appears in Block 10 or Block 11	n or 1 if	

Date

Daytime Phone #