

Amended

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000016281			
1. Entity Name WEISMAN ENTERPRISES, INC.			
Principal Place of Business 3530 BISCAYNE BLVD MIAMI, FL 33137		Mailing Address 3530 BISCAYNE BLVD MIAMI, FL 33137	
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		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	
DIAMOND, KEITH P.A. 46 SW 1ST STREET MIAMI, FL 33137		Name 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 If Amended UBR is \$61.25 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PTD UNDERWOOD, LUCILLE 3012 NW 2ND AVE MIAMI, FL 33127 ☒ Delete		☐ Change ☐ Addition	
VSD MUNNINGS, GARVIN 3012 NW 2ND AVE MIAMI, FL 33127 ☒ Delete		☐ Change ☐ Addition	
VP ALVAREZ, MANUEL 691 NW 34 STREET MIAMI, FL 33127 ☐ Delete		☐ Change ☐ Addition	
PD WEISMAN, MOLLIE 3630 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete		☐ Change ☐ Addition	
VP WEISMAN, DAVID 3630 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete		☐ Change ☐ Addition	
SD JACKMAN, MICHELLE 3630 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete		☐ Change ☐ Addition	
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: _____		Date: 7/30/23	

CR2034 (10/02)

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