

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90103 023 \*\*\*150.00

DOCUMENT # P02000052211

1. Entity Name  
**COCONUT CREEK ENTERPRISES, INC.**



Principal Place of Business  
2519 N. ANDREWS AVENUE EXT.  
POMPANO BCH, FL 33064

Mailing Address  
2519 N. ANDREWS AVENUE EXT.  
POMPANO BCH, FL 33064

2. Principal Place of Business  
**4701 Johnson Road**  
Suite, Apt. #, etc.  
**Bay 1**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Coconut Creek**  
Zip  
**33073** County  
**Broward County**

City & State  
Zip Country

4. FEI Number  
**04-3678994**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEINTRUAUB, BURT**  
**2519 N. ANDREWS AVENUE EXT.**  
**POMPANO BCH, FL 33064**  
**4701 Johnson Road**  
**Bay 1**  
**Coconut Creek**  
**FL 33073**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$650.00  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	WEINTRAUB, BURT	3901 NE 27TH TER LIGHTHOUSE POINT, FL 33064	
	D	FELDSHER, HOWARD	972 E 24TH ST BROOKLYN, NY 11210	
	D	WONG, MARGARET	6301 FAUSTINO WAY SACRAMENTO, CA 95831	
	D	SHEMTOV, SAMI	3640 YACHT CLUB DR PH#6 AVENTURA, FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

954-427-6820

Daytime Phone #

CR2E034 (10/02)