

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90070 025 \*\*\*150.00

0396279 AV

**DOCUMENT # P93000037342**

1. Entity Name  
**BRIAR ASSOCIATES, INC.**



Principal Place of Business  
**2829 NORTH MILLER DRIVE**  
**PALM BEACH GARDENS FL 33410-1129**  
**US**

Mailing Address  
**2829 NORTH MILLER DRIVE**  
**PALM BEACH GARDENS FL 33410-1129**  
**US**



2. Principal Place of Business  
**239 Isle Verde Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**239 Isle Verde Way**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens, FL**  
Zip **33418** Country **USA**

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**Palm Beach Gardens, FL**  
Zip **33418** Country **USA**

4. FEI Number **65-0414891**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WEINER, LAZARUS C**  
**2829 NORTH MILLER DRIVE**  
**PALM BEACH GARDENS FL 33410**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**239 Isle Verde Way**  
City **Palm Beach Gardens FL** Zip Code **33418**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEINER, LAZARUS C</b>	
STREET ADDRESS	<b>2829 NORTH MILLER DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEINER, PATRICIA A</b>	
STREET ADDRESS	<b>2829 NORTH MILLER DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>239 Isle Verde Way</b>	
STREET ADDRESS	<b>Palm Beach Gardens, FL 33418</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>239 Isle Verde Way</b>	
STREET ADDRESS	<b>Palm Beach Gardens, FL 33418</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lazarus C. Weiner* **Lazarus C. Weiner** **4/25/03** **561-775-1530**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)