

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90007 013 ***150.00

DOCUMENT # P94000028269

1. Entity Name

JEFFREY WEINER CORP, INC.

Principal Place of Business

**2200 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306
 US**

Mailing Address

**2200 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306
 US**

2. Principal Place of Business

**2132 E. OAKLAND PARK BLVD
 Suite, Apt. #, etc.
 201**

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0474908

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, OTHEL
 5787 WEST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **JEFFREY WEINER**

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

2132 E. OAKLAND PARK BLVD

City **FT LAUDERDALE**

FL Zip Code **33306**

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

TITLE **P** ☐ Delete
 NAME **WEINER, JEFFREY**
 STREET ADDRESS **2200 E. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Doc. # PA4000028269
174738

Please Be ADVISED that we
DID NOT Receive Any re-newal Forms
From the State. We had changed
Addresses on 1/1/01.

Thank you for your consideration.

~~Jeff Atwood~~
~~Sam Wilson~~