

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90025 035 ***150.00

02020203 AV

DOCUMENT # P94000034176

1. Entity Name

ROBERTA WEINSTEIN, INC.

Principal Place of Business

**747 MICHIGAN AVENUE. #306
 MIAMI BEACH FL 33139
 US**

Mailing Address

**747 MICHIGAN AVENUE. #306
 MIAMI BEACH FL 33139
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

835 W. 47th St.

835 W. 47th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Beach

Miami Beach

City & State
Fla

City & State
Fla

Zip
33140

Country
Dade

Zip
33140

Country
Dade

4. FEI Number

65-0488292

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

**WEINSTEIN, ROBERTA
 747 MICHIGAN AVE #306
 MIAMI FL 33139**

Name

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

835 W. 47th Street

Miami Beach

City

Fla

FL

Zip Code

33140

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WEINSTEIN, ROBERTA**
 STREET ADDRESS **747 MICHIGAN AVENUE**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **NEW** ☐ Change ☐ Addition
 NAME **address -> 835 W. 47th St.**
 STREET ADDRESS **Miami Beach**
 CITY-ST-ZIP **Fla 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

Roberta Weinstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2002 305 9682200
 Date Daytime Phone #

CR2E034 (9/01)