## DOMESTIC AV

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

UN	IFORM BUSINES	SS REPORT	' (UBR)	)	$\mathbf{A}$	)r 14, 2	2003	0:0	u am	
DOCU 1. Entity Nam WEINER			Secretary of State 04-14-2003 90021 007 ***526.25							
Principal Plac 550 S. OCEAI BOCA RATON		Mailing Address 550 S. OCEAN BLVD. APT 407 BOCA RATON FL 33432		_						
2. Principal P 3310 Suite, Apt.	S OCEAN (BLV)	3. Mailing Address  Suite, Apt. #, etc.	10 C			CHECK HERE IF				
City & Stat	ا سام اید م در این	City & State	1) 2		4. FEI Number	22-3303998		No	plied For t Applicable	
3348	6. Name and Address of Current Re	Zip	Country		5. Certificate of S	Status Desired	Fe	8.75 Add se Required		
WEINER, 550 S. OU APT: 407 BOCA RA The above the obligat	37 City		O. Box Number is	Not Acceptable)	<b>FL</b>	Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: 8	Registered Agent signatu	re required w	hen reinstating)		DATE		· .	
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of St	tate	·			on Campaign Fina Fund Contribution.	ncing		0 May Be to Fees	
10.	OFFICERS AND DIF	RECTORS	11,		ADDITIONS/CH	ANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINER, HOWARD B 550 S. OGEAN BLVD, APT 2107 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32	10 S. C	DCEAN BGACH	BLU) (F	Ki Change ∫ # . ≥ 34	Addition  301  487	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 - 2	9	<u> </u>	(	Change	☐ Addition	
TTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷.		· · · · · ·	[	☐ Change ~	Addition	
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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:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #