

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90122 025 ***150.00

DOCUMENT # P94000078253

1. Entity Name
JOHN M. WEINBERG, P.A.



Principal Place of Business
315 SE 7TH ST.
1ST FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
315 SE 7TH ST.
1ST FLOOR
FT. LAUDERDALE FL 33301
US



2. Principal Place of Business
1401 Brickell Avenue
Suite 510
Miami Florida
Zip 33131 Country US

3. Mailing Address
1401 Brickell Avenue
Suite 510
Miami Florida
Zip 33131 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0525935 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
WEINBERG, JOHN M
315 SE 7TH STREET
FIRST FLOOR
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name Weinberg, John M
Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Ave Suite 510
City Miami FL Zip Code 33131

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 *John Weinberg* John Weinberg (President/Owner) DATE 2/5/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, JOHN M	
STREET ADDRESS	315 SE 7 ST., FIRST FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, JOHN M	
STREET ADDRESS	1401 BRICKELL AVE SUITE 510	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
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 1

TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weinberg, John M	
STREET ADDRESS	1401 Brickell Ave., Suite 510	
CITY-ST-ZIP	Miami, FL 33131	
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: *John Weinberg* **SIGNATURE REQUIRED** Weinberg 2/5/03 (305)379 4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)