

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001561

1. Entity Name

IRWIN A. WEISER, CPA, P.A.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 010 ***150.00

| | |
|--|---|
| Principal Place of Business 700 SE 3RD AVE THIRD FLOOR FT. LAUDERDALE FL 33316-1154 US | Mailing Address 700 SE 3RD AVE THIRD FLOOR FT LAUDERDALE FL 33316-1154 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0546741 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 6. Name and Address of Current Registered Agent WEISER, IRWIN A 700 SE 3RD AVE THIRD FLOOR FT. LAUDERDALE FL 33316 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEISER, IRWIN A 700 SE 3RD AVE FT. LAUDERDALE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Irwin A. Weiser, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

954-555-1040
Daytime Phone #

CR-000004 (01/01)