

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90314 045 \*\*\*150.00

**DOCUMENT # P95000001561**

1. Entity Name

IRWIN A. WEISER, CPA, P.A.

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  
 US

2. Principal Place of Business

450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE 950

City & State

FT. LAUDERDALE, FL.

Zip

33301

Country

USA

3. Mailing Address

7110 N. OCEAN BLVD.

Suite, Apt. #, etc.

APT. 1101

City & State

FT. LAUDERDALE, FL.

Zip

33305

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0546741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

WEISER, IRWIN A.

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

7110 N. OCEAN BLVD.

APT. 1101

City

FT. LAUDERDALE,

FL

Zip Code

33305

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

*Irwin A. Weiser*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02  
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISER, IRWIN A	
STREET ADDRESS	700 SE 3RD AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7110 N. OCEAN BLVD., APT. 1101
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33305
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	

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

4/29/02 954-525-1040  
 Date Daytime Phone #

CR2E034 (9/01)