

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051753

1. Entity Name

ALAN WEINBERGER DOVETAIL DESIGNS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90212 022 ***150.00

Principal Place of Business

Mailing Address

430 M ANSIN BLVD.
HALLANDALE FL 33009

430 M ANSIN BLVD.
HALLANDALE FL 33009-3112

2. Principal Place of Business

3. Mailing Address

709 N.W. 2nd St

709 NW 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE, FLORIDA

HALLANDALE, FLORIDA

Zip

Country

Zip

Country

33009

USA

33009

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ALAN H WEINBERGER

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

709 N.W. 2nd St

City

HALLANDALE

FL

Zip Code

33009

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

ALAN H WEINBERGER

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WEINBERGER, ALAN H
430 ANSIN BLVD SUITE M
HALLANDALE FL

☒ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

P
WEINBERGER ALAN H
709 NW 2nd St
HALLANDALE, FLORIDA

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

[Signature] PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

954 458-7777
Date Daytime Phone #

CR2E034 (9/99)