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

## P95000054012 DOCUMENT #

1. Entity Name



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90123 014 \*\*\*150.00

M. WEINER INSURANCE ASSOC., INC.						'						
Principal Place of Business 2818 N 46 AVE #585 HOLLYWOOD FL 33021		9720 P	Mailing Address 9720 PINES BLVD PEMBROKE PINES LF 33024 US									<u>}</u>
2. Principal Place of	Business	3. Mail	ling Address			1			<b>                                    </b>			i
Suite, Apt. #, etc.		Suite	e, Apt. #, etc.			1	□ СНЕ	ECK HERE I	F MAKINO	3 CHANGE	s	
City & State		City	City & State				Number 65-6	0593708			Applied For	
Zip Country		Zip		ntry	5. Cei	rtificate of Statu			\$8.75 A	dditional	510	
		. De eletere	4.4		1	7 No.	me and Addres	s of New R	egistered	Fee Requi	rea	$\dashv$
6. 1	Name and Address of Curren	it Registere	a Agent		=Name=	7. IVai						
WEINER, MORTO 2818 N 46 AVE					Street Address	(P.O. Box	Number is Not	Acceptable	)			
HOLLYWOOD FL	L 33021						<u> </u>			7:- 0:		
					City				FL			
8. The above named the obligations of	d entity submits this statement registered agent.	for the purp	ose of changing its	register	ed office or registe	ered agen	t, or both, in the	State of Flo	rida. I am	familiar wit	h, and acce	pt
SIGNATURE	e, typed or printed name of registered age.	nt and title if ann	plicable (NOTE	F: Registere	ed Agent signature require	ed when reins	tating)		DATE			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under our that it is indicated on this report 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: .