

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90023 003 \*\*\*150.00

0360665 AV

**DOCUMENT # P96000034972**

1. Entity Name  
**RONALD WEINER, P.A.**

Principal Place of Business <sup>400</sup>  
~~11369~~ **11369 OKEECHOBEE BLVD. STE 207**  
**ROYAL PALM BEACH FL 33411**

Mailing Address <sup>400</sup>  
~~11369~~ **11369 OKEECHOBEE BLVD. STE 207**  
**ROYAL PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11369 Okeechobee Blvd**

3. Mailing Address  
**11369 Okeechobee Blvd.**

Suite, Apt. #, etc.  
**# 400**

Suite, Apt. #, etc.  
**# 400**

City & State  
**Royal Palm Beach FL.**

City & State  
**Royal Palm Beach FL.**

4. FEI Number **65-0660102**

Applied For  
☐ Not Applicable

Zip **33411** Country **Palm Beach**

Zip **33411** Country **Palm Beach**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WEINER, RONALD PA**  
~~11369~~ **11369 OKEECHOBEE BLVD. STE 207**  
**ROYAL PALM BEACH FL 33411**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER, RONALD 14557 STIRRUP LANE WELLINGTON FL 33414 <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
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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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

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: Ronald Weiner **RONALD WEINER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 561-795-3269  
Date Daytime Phone #

CP2E034 (9/01)