

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089170

1. Entity Name
WEISBEIN & ASSOCIATES, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91698 018 ***150.00

Principal Place of Business

1533 SUNSET DR.
SUITE 130
CORAL GABLES FL 33143

Mailing Address

1533 SUNSET DR.
SUITE 130
CORAL GABLES FL 33143

00110070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7211 S.W. 62 Ave. #
Suite, Apt. #, etc.
120

3. Mailing Address

7211 S.W. 62 Ave.
Suite, Apt. #, etc.
120

City & State

South Miami, FL

City & State

South Miami, FL

Zip
33143

Country
U.S.

Zip
33143

Country
U.S.

4. FEI Number

65-0788716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEISBEIN, RAYMOND G
1533 SUNSET DRIVE, SUITE 130
CORAL GABLES FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WEISBEIN, SELMA S
1533 SUNSET DRIVE, SUITE 130
CORAL GABLES FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)