

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098504

1. Entity Name
DAVID J. WEINMAN MASONRY, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90038 041 ***150.00

Principal Place of Business
WEINMAN DAVID J
1621 SE 2ND ST
POMPANO BCH FL 33060

Mailing Address
WEINMAN DAVID J
1621 SE 2ND ST
POMPANO BCH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1621 SE 2nd str.
Suite, Apt. #, etc.
None

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Pompano Beach FL
Zip
33060
Country
U.S.A.

City & State
Zip
Country

4. FEI Number 65-0799459

Applied For
Not Applicable

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

WEINMAN, DAVID J
1621 SE 2ND ST
POMPANO BCH FL 33060

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

4/28/01

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, 2001 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
PSTD
WEINMAN, DAVID J
275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BLOCK, MICHAEL
275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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TITLE
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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

4/28/01

Date

9546144488

Daytime Phone #

CR2E034 (10/00)