

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018169

1. Corporation Name

THE LAW OFFICES OF PETER D. WEINSTEIN, P.A.

Principal Place of Business
**1805 GLENGARY STREET, SUITE A
SARASOTA FL 34231**

Mailing Address
**1805 GLENGARY STREET, SUITE A
SARASOTA FL 34231**

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90024 019 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **3640 Yachtclub Drive**
Suite, Apt. #, etc.
22 **#505**
City & State
23 **AVENTURA FL**
Zip Country
24 **33180** 25 **USA**
2a. Mailing Address
26 **3640 Yachtclub Drive**
Suite, Apt. #, etc.
27 **505**
City & State
28 **AVENTURA FL**
Zip Country
29 **33180** 30 **USA**

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0818250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing -
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**WEINSTEIN, PETER D
1805 GLENGARY STREET, SUITE A
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name **Peter D. Weinstein, Esq**

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

1500 NE 162nd St.

83

City **N. Miami Beach**

FL

85 Zip Code
33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when revalidating)

4/8/99

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ DELETE
NAME **WEINSTEIN, PETER D**
STREET ADDRESS **1805 GLENGARY STREET, SUITE A**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PVST** ☐ DELETE
NAME **WEINSTEIN, PETER D**
STREET ADDRESS **1805 GLENGARY STREET, SUITE A**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☒ DELETE
NAME **WEINSTEIN, PETER D**
STREET ADDRESS **1805 GLENGARY STREET, SUITE A**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**3640 Yachtclub Dr #505
AVENTURA FL 33180**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Peter D. Weinstein**

4/8/99 (305) 949-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/198)