

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018169

1. Entity Name

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

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90064 020 ***150.00

Principal Place of Business

Mailing Address

3640 YACHT CLUB DR
#505
AVENTURA FL 33180
US

3640 YACHT CLUB DR
#505
MIAMI FL 33331-4014
US

2. Principal Place of Business

5400 S. University Dr.

3. Mailing Address

5400 S. University Dr.

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, PETER D
1500 NE 162ND ST
N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name

Same

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

5400 South University Drive

Suite 301

City

DAVIE

FL

Zip Code

33328

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)

3/21/2000

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, 2000 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 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 3640 YACHT CLUB #303
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 5400 S. University Dr. #301
STREET ADDRESS DAVIE, FL 33328
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 5400 S. University Dr. #301
STREET ADDRESS DAVIE FL 33328
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D ROBERT A. Trilling
STREET ADDRESS 5400 S. University Dr #301
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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

3/24/2000

DATE

(954) 385 5074

Daytime Phone #

CR2E034 (9/99)