

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016281

1. Entity Name

BELLUCCIO & WEINBERG, P.A.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90003 035 ***150.00

Principal Place of Business Mailing Address
BIG OAK PROFESSIONAL BUILDING BIG OAK PROFESSIONAL BUILDING
1803 AUSTRALIAN AVENUE SOUTH, SUITE A 1803 AUSTRALIAN AVENUE SOUTH, SUITE A
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6454

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0894968 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, BRADD L ESQ
BIG OAK PROFESSIONAL BUILDING
1803 AUSTRALIAN AVENUE SOUTH, SUITE A
WEST PALM BEACH FL 33409

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	BELLUCCIO, ALLEN	1803 AUSTRALIAN AVENUE SOUTH, SUITE A	WEST PALM BEACH FL 33409	<input type="checkbox"/>	<input type="checkbox"/>
D	WEINBERG, BRADD L	1803 AUSTRALIAN AVENUE SOUTH, SUITE A	WEST PALM BEACH FL 33409	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Bradd Weinberg 4-26-00 561-471-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)