

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED

May 30, 2000 8:00 am
Secretary of State

03-02-2000 90102 022 ***150.00

DOCUMENT # P99000026812

Entity Name
PINES WESTON REALTY, INC.

Principal Place of Business

NE 16TH PLACE
FL 33179

Mailing Address

~~20189 NE 16TH PLACE~~
~~MIAMI FL 33179-2721~~

PO Box 630846
MIAMI, FL 331



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

65-0904858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, STEPHEN B
20189 NE 16TH PLACE
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

☐ Delete

ST-ZIP

☐ Delete

ST-ZIP

☐ Delete

ST-ZIP

☐ Delete

ST-ZIP

☐ Delete

ST-ZIP

☐ Delete

ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT, DIRECTOR
STEPHEN B. FEINBERG
20189 NE 16TH PLACE
MIAMI, FL 33179

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PHYLLIS B. FEINBERG
DIRECTOR
20189 NE 16TH PLACE
MIAMI, FL 33179

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
MICHAEL D. SOLWAY
20189 NE 16TH PLACE
MIAMI, FL 33179

☐ 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

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

STEPHEN B. FEINBERG

STEPHEN B. FEINBERG

3/1/00

Date

Daytime Phone #

5/23/00

CR2E034 (9/99)