

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042570

1. Entity Name

GARY D. WEINFELD, P.A.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90200 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2701 SOUTH BAYSHORE DRIVE  
SUITE #315, COCONUT GROVE BANK BUILDING  
MIAMI FL 33133

2701 SOUTH BAYSHORE DRIVE  
SUITE #315, COCONUT GROVE BANK BUILDING  
MIAMI FL 33133

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 65-0918481

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

WEINFELD, GARY D

~~770 CLAUGHTON ISLAND DRIVE, #705~~  
~~MIAMI FL 33133~~  
33145

2351 Douglas Rd, #605

Name Gary D. Weinfeld

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

2351 Douglas Road, #605

City Miami

FL

Zip Code 33145

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

*Gary D. Weinfeld*

3/24/01

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

(NOTE: Registered Agent signature required when reinstating.)

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, 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 PTD  
NAME WEINFELD, GARY D  
STREET ADDRESS 770 CLAUGHTON ISLAND DRIVE, #705  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE Weinfeld Gary D  
NAME 2351 Douglas Road, #605  
STREET ADDRESS Miami, FL 33145  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
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:

*Gary D. Weinfeld*

3/24/01

(305) 458-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)