

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044621

1. Entity Name
WEINSTEIN'S SPECIALTY FOODS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 021 ***150.00

Principal Place of Business
1278 NW 85TH TERR
CORAL SPRINGS FL 33071
10281 West Sample Road
Coral Springs FL 33065

Mailing Address
GROVER CASSO ASSOCIATES P.A.
1650 SE 17TH ST SUITE 301
FORT LAUDERDALE FL 33316-1735

2. Principal Place of Business
10281 West Sample Road
Coral Springs FL 33065

3. Mailing Address
G/O Grover AND Associates, P.A.
1650 Southeast 17th Street, Suite 301
Fort Lauderdale, FL 33316-1735

Suite, Apt. #, etc.
City & State
Zip
Country

Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0925595
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINSTEIN, DAVID
1278 NW 85TH TERR
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name WEINSTEIN, DAVID
Street Address (P.O. Box Number is Not Acceptable)
1412 Northwest 93rd Terrace
City Coral Springs FL Zip Code 33071-6036

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 _____ (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 | PSD | <input type="checkbox"/> Delete | TITLE | PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINSTEIN, NORMA | | NAME | WEINSTEIN, NORMA | |
| STREET ADDRESS | 1278 NW 85TH TERRACE | | STREET ADDRESS | 1412 Northwest 93rd Terrace | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071-6036 | | CITY-ST-ZIP | CORAL SPRINGS FL 33071-6036 | |
| TITLE | VPTD | <input type="checkbox"/> Delete | TITLE | VPTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINSTEIN, DAVID | | NAME | WEINSTEIN, DAVID | |
| STREET ADDRESS | 1278 NW 85TH TERRACE | | STREET ADDRESS | 1412 Northwest 93rd Terrace | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: David Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/27/01 DAYTIME PHONE: 954-522-2002

0200028

CR2E034 (10/00)