

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 09, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000053529**1. Entity Name
WEINSTEIN RESTAURANTS, INC.

Principal Place of Business 410 NORTH THIRD STREET JACKSONVILLE BEACH FL 32250	Mailing Address 410 NORTH THIRD STREET JACKSONVILLE BEACH FL 32250
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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

59-3607426

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 AgentWEINSTEIN KENNETH
14286 BEACA BLVD UNIT #32JACKSONVILLE BEACH FL
32250 US**7. Name and Address of New Registered Agent**

Name

WEINSTEIN KENNETH

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

14286 BEACH BLVD UNIT #32

City

JACKSONVILLE BEACH

FLZip Code
32250

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 **KENNETH WEINSTEIN****07/09/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN YVONNE D	
STREET ADDRESS	13798 ALESBURY CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN KENNETH P	
STREET ADDRESS	13798 ALESBURY CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: KENNETH P WEINSTEIN

D

07/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)