

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90030 008 \*\*\*150.00

**DOCUMENT # P99000079571**

1. Entity Name  
**WEINTRAUB FAMILY CORPORATION**

Principal Place of Business <b>C/O LOUIS NOSTRO, ESQ., SHUTTS &amp; BOWEN LLP 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>	Mailing Address <b>C/O LOUIS NOSTRO, ESQ., SHUTTS &amp; BOWEN LLP 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	
Country	Country	Country	Country



DO NOT WRITE IN THIS SPACE

4. FEJ Number <b>65-0947614</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI C/O LOUIS NOSTRO, ESQ., 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEINTRAUB, ALBERT</b> <b>1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.</b> <b>MIAMI FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 my address, with all other like empowered.

**SIGNATURE:** **ALBERT L. WEINTRAUB** **2/16/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)