

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90122 039 ***150.00

DOCUMENT # P99000087523

1. Entity Name

WEISBERG BRAUSE INSURANCE COMPANY, INC.

Principal Place of Business

Mailing Address

**2500 N. MILITARY TRAIL
SUITE #220
BOCA RATON FL 33431**

**2500 N. MILITARY TRAIL
SUITE #220
BOCA RATON FL 33431**

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 **65-0964515**

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

WEISBERG, ALAN J

~~**200 N.W. 165TH STREET PLAZA 700**~~

~~**NORTH MIAMI BEACH FL 33169**~~

Name

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

2500 N. Military Trail, Suite 220
Boca Raton FL 33431

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

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 **PSD** ☐ Delete
NAME **WEISBERG, ALAN J**
STREET ADDRESS ~~**200 N.W. 165TH STREET PLAZA 700**~~
CITY-ST-ZIP ~~**NORTH MIAMI BEACH FL 33169**~~

TITLE ☐ Change ☐ Addition
NAME **2500 N. Military Trail, Suite 220**
STREET ADDRESS **Boca Raton, FL 33431**
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **BRAUSE, STEVEN**
STREET ADDRESS ~~**200 N.W. 165TH STREET PLAZA 700**~~
CITY-ST-ZIP ~~**NORTH MIAMI BEACH FL 33169**~~

TITLE ☐ Change ☐ Addition
NAME **2500 N. Military Trail, Suite 220**
STREET ADDRESS **Boca Raton, FL 33431**
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Brause

Date

Daytime Phone #

4/12/01 (561) 443-3700

CR2E034 (10/00)