

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90197 026 ***150.00

DOCUMENT # S44632

1. Entity Name
ROBIN WEINBERGER, INC.

Principal Place of Business

2999 NE 191ST ST
 STE 607
 AVENTURA FL 33308
 US

Mailing Address

2999 NE 191 ST
 STE 703
 AVENTURA FL 33308
 US

2. Principal Place of Business

2999 NE 191 ST.

Suite, Apt. #, etc.

STE 703

City & State

Aventura, FL

Zip

33308

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0259599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WEINBERGER, ROBIN

2760 NE 55 ST

SUITE 208-D

FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Weinberger, Robin

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

3031 NE 55 place

City

FT. Lauderdale

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **WEINBERGER, ROBIN**
 STREET ADDRESS **2760 NE 55 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3031 NE 55 pl.**
 CITY-ST-ZIP **FT. Lauderdale, FL 33308**

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Weinberger 8/5/02

Date

Daytime Phone #

305 931 5151

CR2E034 (4/02)

Attachment
Robin E. Weinberger, LCSW
Psychotherapy / Marital Therapy
Florida License# SW0000648

973324

Concord Center II
2999 NE 191 Street
Suite 703
Aventura, Florida 33180
Tel. 305-931-5151
Fax 305-936-0419
Pager 305-889-4747

Sheridan Executive Center
3475 Sheridan Street
Suite 310
Hollywood, Florida 33021
Tel. 305-931-5151
Fax 305-936-0419
Pager 954-898-4747

#544632

8/5/02

Dear sir/madam,

on this date I contacted your office regarding the letter in which I received your renewal application for my corporation. apparently you had a previous mailing that I did not receive. Therefore I was told by your staff to send in the renewal apl. with the initial fee due of \$150.00 and a letter explaining that I never received the first notice. Thank you for your attention. Enclosed is my renewal and payment of \$150.00.

Sincerely,
Robin Weinberger
Robin Weinberger