

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90036 018 ***150.00

DOCUMENT # V50918

1. Entity Name

M. WEIMER ENTERPRISES, INC.

Principal Place of Business

3933 DORAL DR
TAMPA FL 33634
US

Mailing Address

3933 DORAL DR
TAMPA FL 33180-3186
US

2. Principal Place of Business

13200 BISCAYNE ISLAND TERRACE

3. Mailing Address

13200 BISCAYNE ISLAND TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami, FL

City & State

NORTH MIAMI, FL

Zip

Country

33181-2246

Zip

Country

33181-2246

4. FEI Number

65-0345728

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

BRUMM, KEITH F.
5700 LAKE WORTH ROAD
SUITE 209 SUITE 2
LAKE WORTH FL 33463

Name

MARK J. WEIMER

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

13200 BISCAYNE ISLAND TERRACE

City

NORTH MIAMI

FL

Zip Code

33181-2246

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

Mark J. Weimer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/2000

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, 2000 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 **PT** ☐ Delete
NAME **WEIMER, MARK J.**
STREET ADDRESS **3933 DORAL DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **PT** ☒ Change ☐ Addition
NAME **WEIMER, MARK J.**
STREET ADDRESS **13200 BISCAYNE ISLAND TERRACE**
CITY-ST-ZIP **NORTH MIAMI, FL 33181-2246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Mark J. Weimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 (305) 981-9746

Date

Daytime Phone #

CR2E034 (9/99)