

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90142 026 ***150.00

DOCUMENT # G96816

1. Entity Name
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, ROSS & B

Principal Place of Business % GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE FL 33309	Mailing Address % GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE FL 33309
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C0061188



DO NOT WRITE IN THIS SPACE

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 59-2402121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GREENSPOON, GERALD
 100 WEST CYPRESS CREEK ROAD
 SUITE #700
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP <input type="checkbox"/> Delete
NAME	GREENSPOON, GERALD
STREET ADDRESS	100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DS <input type="checkbox"/> Delete
NAME	MARDER, MICHAEL
STREET ADDRESS	100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	V <input type="checkbox"/> Delete
NAME	HIRSCHFELD, NEAL
STREET ADDRESS	100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	V <input type="checkbox"/> Delete
NAME	RAFKIN, GLEN
STREET ADDRESS	100 W CYPRESS CREEK ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)