2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K90891** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** GREENBERG, COHEN & COMPANY, P.A. 01-12-2000 90103 009 ***150.00 Mailing Address Principal Place of Business 11790 SW 89TH STREET 11790 SW 89TH STREET MIAMI FL 33156-2865 MIAMI FL 33186-9166 UUUU1942 Principal Place of Business DIXIE HIGHWAU DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0117121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENBERG, JEFFREY M. 11790 SW 89TH ST. MIAMI FL 33186 8. The above named entry 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) ' typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 fation is eligible to satisfy its Intangible 9. This co 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax file requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD ☐ Delete TITLE TITLE GREENBERG, JEFFREN M. GREENBERG, JEFFREY M. NAME NAME 7700 S. DIXIE HIGHWAY, SUITE 900 STREET ADDRESS STREET ADDRESS 11790 SW 89 STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33186--216 <u>MIAMI, FLORIDA</u> ☐ Addition ☐ Delete TITLE TITLE COHEN, AIBERT R COHEN, ALBERT R NAME 9700 S. DIXIE HIGHWAY, SUITE 900 STREET ADDRESS STREET ADDRESS 11790 SW 89 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA MIAMI FL 33186-2166 ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered. appears in Block 11 or Block 12 if

an address, with all other like empowered OL

SIGNATURE:

GRE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #