2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000095094

1. Entity Name

JUDITH B. GREENE, P.A.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90240 021 ***150.00

					GOO WE T					
	ce of Business	Mail	ling Address							
80 SW 8TH	· ·	80	80 SW 8TH ST							
SUITE 2550		SU	SUITE 2550							
MIAMI FL 33	AMI FL 33130	II FL 33130			i indjirok ilu iujir okka obili doka edka or	10 1010 A ALIA U	ALIE CROS CORECTA			
US 2 Principal	Discoulation	US							8 1 1 1 1 1 1 1 1 1	
	Place of Business	3. M	3. Mailing Address				E INNIERA LED LUCIT DELLE ORIGI ORIGI ADITA ORI	IN IBIDI DIKIL DI	841 4 18141 8184 1884	
Suite, Apt	#, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	Cit	ty & State	-			1 0041/2(Db() ++		Applied For	
Zip	Country	Zip)	Coun	ntry	5	5. Certificate of Status Desired	\$8.75		
	6. Name and Address of Curr	ent Register	red Agent	<u> </u>	T	7.	. Name and Address of New Registered	Fee Requi	irea	
	<u> </u>		PATE TO STORE		Name		The the Abbress of New Megistered	Ageill		
GREENE	, Judith B.					•				
BRICKEL	L BAYVIEW CENTER		Street Address			ress (P.O.	(P.O. Box Number is Not Acceptable)			
	TH ST., SUITE 2550									
MIAMI FL			<u> </u>							
IVII/UNI I L	. 00100				City		FI	Zip Co	ode	
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 ag	ent and title if an	plicable (NOT)	F: Renisterer	d Agent signature r	racuired when	n colontation.			
	-	,	T (1.01.		a rigent signature i	odaliea wile	n reinstating) DATE		, <u>.</u>	
	ILE NOW!!! FEE IS \$150.00	20					9. Election Campaign Financing	¢E	00	
Make Check	r May 1, 2003 Fee will be \$550.t c Payable to Florida Departmen	t of State						☐ Add	.00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS			11.	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	D Greene, Judith B		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	BRICKELL BAYVIEW CENTER			NAME	·					
CITY-ST-ZIP	MIAMI FL				ET ADORESS ST-ZIP					
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CITY-ST-ZIP					T ADDRESS					
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TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS				NAME	ADDRESS				ļ	
CITY-ST-ZIP	* ** * <u>*</u> **			CITY-S	T ADDRESS]	
12. Thereby ce	ertify that the information supplied w	ith this filing	does not qualify for	the susse		n Section	n 119.07(3)(i), Florida Statutes. I further cer	tifu that the	information	
of the corn	oration or the receiver or trustee em	nowered to	execute this report of	y signatu	re shall have	the same	n 119.07(3)(i), Florida Statutes. I further cer e legal effect as if made under oath; that I a rida Statutes; and that my name appears i	my mai me i m an officer	r or director	
changed,	or on an attachment with an address	with Av oth	er like empowered.	o iedoue	o by Chapter	our, rior	nua statutes; and that my name appears it	Block 10 o	r Block 11 if	
		IJ	\backsim						ĺ	

SIGNATURE:

SICINATURE RESUIRED SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03 305937-2007

Daytime Phone #

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