

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90138 041 ***150.00

DOCUMENT # 603715

1. Entity Name
Richard S. Greenbaum, Ph.D., P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1800 NE 114th St
Suite, Apt. #, etc. 1175 N.E. 125 ST.
909*

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

No. Miami FL

City & State

Zip

33181

Country

USA

Country

4. FEI Number

59-1416563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Greenbaum Richard

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

1800 N.E. 114th Street

#909

City

Miami

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PD</i>
NAME	<i>Greenbaum, Richard</i>
STREET ADDRESS	<i>1800 NE 114th Street #909</i>
CITY-ST-ZIP	<i>No. Miami, FL 33181</i>
TITLE	<i>ST</i>
NAME	<i>Greenbaum Douglas</i>
STREET ADDRESS	<i>1800 NE 114th Street #909</i>
CITY-ST-ZIP	<i>No. Miami, FL 33181</i>
TITLE	<i>VP</i>
NAME	<i>Greenbaum Marilyn K.</i>
STREET ADDRESS	<i>1800 NE 114th St #909</i>
CITY-ST-ZIP	<i>Miami, FL 33181</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)