

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752909

1. Entity Name

EMERALD VILLAGE PROFESSIONAL PLAZA, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90104 002 ****61.25

Principal Place of Business

3880 SHERIDAN ST
HOLLYWOOD FL 33021

Mailing Address

3880 SHERIDAN ST
HOLLYWOOD FL 33021-3634

2. Principal Place of Business

3868 SHERIDAN ST

Suite, Apt. #, etc.

3. Mailing Address

3868 Sheridan St

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip 33021

Country USA

City & State

HOLLYWOOD FL

Zip 33021

Country USA

4. FEI Number

59-2066599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ABE
3878 SHERIDAN ST.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	HILL, OLIN	
STREET ADDRESS	3880 SHERIDIAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SINCLAIR, STANLEY	
STREET ADDRESS	3880 SHERIDIAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPAGNE, ANTHONY	
STREET ADDRESS	3880 SHERIDIAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES. / Secy-Treas / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN A. KASBAR	
STREET ADDRESS	3880 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN K. KORTE	
STREET ADDRESS	3880 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, 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 #

CR2E037 (9/99)