

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752909

1. Entity Name:

EMERALD VILLAGE PROFESSIONAL PLAZA, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90131 035 ****61.25

Principal Place of Business

3886 SHERIDAN ST
HOLLYWOOD FL 33021

Mailing Address

3886 SHERIDAN ST
HOLLYWOOD FL 33021

2. Principal Place of Business

3880 Sheridan St.

3. Mailing Address

Same - 3880 Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Hollywood FL

Zip

33021

Country

Brk.

Zip

33021

Country

Brk.



DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KASBAR, JOAN A 3880 SHERIDIAN ST HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINCLAIR, STANLEY 3880 SHERIDIAN ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPAGNE, ANTHONY 3880 SHERIDIAN ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORTE, BRIAN K 3860 SHERIDAN ST HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KASBAR, JOHN A. 3880 SHERIDIAN ST. HOLLYWOOD, FL. 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPAGNONE, ANTHONY 3880 SHERIDIAN ST. HOLLYWOOD, FL. 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ABE ROSENBERG 3878 SHERIDAN ST. HOLLYWOOD, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS PATULLO 3874 SHERIDAN ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

2/22/01 954983-2111

CR2E037 (10/00)