

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000000350

1. Entity Name

EPSTEIN BECKER & GREEN, P.C.



Principal Place of Business

250 PARK AVENUE
NEW YORK, NY 10177-1211

Mailing Address

200 SOUTH BISCAYNE BLVD STE. 2100
MIAMI, FL 33131



04192007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3031033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, MICHAEL W III
200 SOUTH BISCAYNE BLVD STE 2100
MIAMI, FL 33131

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKER, JEFFREY
STREET ADDRESS	250 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 101771211
TITLE	VP
NAME	SAPE, GEORGE P
STREET ADDRESS	250 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 101771211
TITLE	ST
NAME	MILANI, WILLIAM J
STREET ADDRESS	250 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 101771211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

20-351-4500

Daytime Phone #