

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90010 001 \*\*\*150.00

**DOCUMENT # F46887**

1. Entity Name

**C.R. GREENE, P.A.**

Principal Place of Business

Mailing Address

**GREENE**  
 GREENE, P. A., C. R.  
~~18181 NE 31ST CT #2609~~ **3801 SOUTH OCEAN DR., APT. 8-0**  
~~MIAMI FL 33160-2655~~ **HOLLYWOOD, FL 33019**  
 US

**GREENE**  
 GREENE, P. A., C. R.  
~~18181 NE 31ST ST CT #2609~~ **3801 SOUTH OCEAN DR., APT. 8-0**  
~~MIAMI FL 33160~~ **HOLLYWOOD, FL 33019**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~3801 S. OCEAN DR.~~  
**GREENE**  
 Suite, Apt. #, etc. **3801 SOUTH OCEAN DR., APT. 8-0**  
 City & State **HOLLYWOOD, FL 33019**

~~3801 S. OCEAN DR.~~  
**GREENE**  
 Suite, Apt. #, etc. **3801 SOUTH OCEAN DR., APT. 8-0**  
 City & State **HOLLYWOOD, FL 33019**

4. FEI Number

**59-2128945**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, P. A. C**  
**18181 NE 31ST CT #2609**  
**AVENTURA FL 33160**

**GREENE**  
**3801 SOUTH OCEAN DR., APT. 8-0**  
**HOLLYWOOD, FL 33019**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, P. A. C</b>	
STREET ADDRESS	<del>18181 NE 31ST CT #2609</del>	
CITY-ST-ZIP	<del>AVENTURA FL 33160</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE</b>	
STREET ADDRESS	<b>3801 SOUTH OCEAN DR., APT. 8-0</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4-25-2000 954 451 6464

CR2E034 (9/99)