

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90141 034 \*\*\*150.00

**DOCUMENT # F94000000119**

1. Entity Name

**STEWART GREENBERG, M.D., P.A.**

Principal Place of Business

**7210 AYRSHIRE LANE  
 BOCA RATON FL 33496  
 US**

Mailing Address

**7210 AYRSHIRE LANE  
 BOCA RATON FL 33496  
 US**

2. Principal Place of Business

**958 Eve St.**

Suite, Apt. #, etc.

3. Mailing Address

**958 Eve St.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

4. FEI Number

**22-2468587**

Applied For

Not Applicable

Zip

Country

**33483**

Zip

Country

**33483**

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

**GREENBERG, STEWART MD  
 7210 AYRSHIRE LANE  
 BOCA RATON FL 33496**

Name

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

**958 Eve St.**

City

**Delray Beach**

FL

Zip Code

**33483**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 **P** ☐ Delete  
 NAME **GREENBERG, STEWART MD**  
 STREET ADDRESS **7210 AYRSHIRE LANE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition  
 NAME **958 Eve St.**  
 STREET ADDRESS **Delray Beach, FL.**  
 CITY-ST-ZIP **33483**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**Stewart Greenberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02**

Date

Daytime Phone #

CR2E034 (9/01)