

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14436

1. Entity Name

PAULA GREENBERG & ASSOCIATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90114 007 ***150.00

Principal Place of Business

Mailing Address

3290 NE 33RD ST.
FT. LAUDERDALE FL 33308
US

3290 NE 33RD ST.
FT. LAUDERDALE FL 33487-2649
US

2. Principal Place of Business

6700 East Rogers Circle

3. Mailing Address

6700 East Rogers Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2431414

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

US

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

OWENS, PAULA G
3710 N.E. 14TH AVENUE
POMPANO BEACH FL 33064

Name

OWENS, PAULA G

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

7180 Mallorca Crescent

City

Boca Raton,

FL

Zip Code

33433

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, 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 ☐ Delete
NAME P
STREET ADDRESS OWENS, PAULA G
CITY-ST-ZIP 7180 MALLORCA CRESCENT
BOCA RATON FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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: Paula Greenberg Owens Paula Greenberg Owens 04/26/00 561-988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7552

CR2E034 (9/99)