

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92892

1. Entity Name

MARK GREENBERG, D.D.S., P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90057 005 ***150.00

Principal Place of Business

Mailing Address

7300 CAMINO REAL
STE 200
BOCA RATON FL 33433
US

10089 SPYGLASS WAY
BOCA RATON FL 33484-3759
US

2. Principal Place of Business

3. Mailing Address

14401 Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B 207

City & State

DeLray Beach FL

4. FEI Number

59-2619564

Applied For

Not Applicable

Zip

Country

Zip

Country

33484

USA

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, MARK
10089 SPYGLASS WAY
BOCA RATON FL 33498

Name

Greenberg, Mark

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

14401 Military Trail

B 207

City

DeLray Beach

FL

Zip Code

33484

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
STREET ADDRESS
CITY-ST-ZIP
DP
GREENBERG, MARK
10089 SPYGLASS WAY
BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
14401 Military Trail B 207
DeLray Beach, FL 33484

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:

Mark Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/2000

CR2E034 (9/99)