

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90263 005 ***150.00

DOCUMENT # J76852

1. Entity Name
PHOTOGRAPHY BY STEVE GREENE, INC.

Principal Place of Business

**16641 HEMINGWAY DR.
 WESTON FL 33326
 US**

Mailing Address

**16641 HEMINGWAY DR.
 APT 102
 WESTON FL 33326
 US**

2. Principal Place of Business

3. Mailing Address

16641 HEMINGWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON, FLORIDA

4. FEI Number

65-0035863

Applied For

Not Applicable

Zip

Country

Zip
33326

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GREENSTEIN, STEVEN D.
 16641 HEMINGWAY DRIVE
 WESTON FL 33326**

7. Name and Address of New Registered Agent

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. (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

TITLE: **PD** Delete
 NAME: **GREENSTEIN, STEVEN D.**
 STREET ADDRESS: **16641 HEMINGWAY DR.**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Delete
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 CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
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CR2E034 (9/01)

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: Steven D. Greenstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (954) 494-9929
 Date Daytime Phone #