

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2  
090500

0245231

DOCUMENT # M60622

1. Entity Name

MARILYN J. GREENSPAN, P.A.

FILED

00 OCT -9 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

995 N. MIAMI BCH BLVD  
#110  
N. MIAMI BEACH FL 33162  
US

Mailing Address

995 N. MIAMI BCH BLVD  
SUITE 110  
N. MIAMI BEACH FL 33162-3721  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0015945

Applied For

Not Applicable

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

LEVI, ALLEN CPA  
20590 W DIXIE HIGHWAY  
N MIAMI BEACH FL 33180

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GREENSPAN, MARILYN J  
995 N MIAMI BCH BLV #128  
N. MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003438040--2  
-10/24/00--01092--001  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 11014 (9/99)

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**LEVI, CAHLIN & CO.**  
CERTIFIED PUBLIC ACCOUNTANTS

Allen S. Levi, C.P.A.  
Richard A. Cahlin, C.P.A.  
Marc A. Rosenbaum, C.P.A.  
Naseem N. Khan, C.P.A.  
Gregory A. Guskay, C.P.A.

Members of:  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants

August 10, 2000

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: MARILYN J. GREENSPAN, P.A.**  
**FEI #: 65-0015945**

Dear Sirs:

Our client, the above taxpayer, has asked us to write you on her behalf. For the past months she has been caring for her ill mother and treating herself for cancer while trying to run her business. Due to the death of her mother and her own recuperation into remission of her disease, she inadvertently failed to file her 2000 Uniform Business Report by May 1, 2000.

Since the incorporation of her business, the taxpayer has always filed her reports on a timely basis. Enclosed please find one taxpayer's 2000 Uniform Business Report and a check payable in the amount of \$150.00. Please accept this as payment in full.

If I can provide you with any additional information, do not hesitate to contact me.

Yours truly,

**LEVI, CAHLIN & CO.**

  
Allen S. Levi, C.P.A.

Encs. 2

Cc: Marilyn J. Greenspan

Allen00greenspan810