

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90043 017 ***158.75

DOCUMENT # M65124

1. Entity Name
BILL GREENBERG SPECIAL SERVICES, INC.

Principal Place of Business 19085 NE 3RD COURT MIAMI FL 33179 US	Mailing Address 19085 NE 3RD COURT MIAMI FL 33179 US
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2. Principal Place of Business 18450 NE 2nd Ave	3. Mailing Address 18450 NE 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State miami, FL	City & State miami, FL	4. FEI Number 65-0024067	Applied For <input type="checkbox"/> Not Applicable
Zip 33179	Country USA	Zip 33179	Country USA

6. Name and Address of Current Registered Agent

GREENBERG, WILLIAM F
19085 NE 3RD COURT
MIAMI FL 33179

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Bill W.F. Greenberg**
 Street Address (P.O. Box Number is Not Acceptable)
18450 NE 2nd Ave
 City **miami** FL Zip Code **33179**

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 Bill W.F. Greenberg **Bill W.F. Greenberg** **1/4/2001**
Signature, typed or printed name of registered agent and title (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST GREENBERG, WILLIAM F 19085 NE 3RD COURT MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENBERG, DEBORAH L 19085 NE 3RD COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Greenberg, William F. 18450 NE 2nd Ave miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Greenberg, Deborah L. 18450 NE 2nd Ave miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christina A. Lee 18450 NE 2nd Ave miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other duly empowered.

SIGNATURE: William F. Greenberg **William F. Greenberg President** **1/4/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)