

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 65124

1. Entity Name

Bill Greenberg Special Services, Inc

FILED

01 MAR 20 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

18450 NE 2nd Ave  
miami FI 33179  
USA

Mailing Address

same

2. Principal Place of Business

18450 NE 2nd Ave

3. Mailing Address

18450 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

miami FI

City & State

miami FI

4. FEI Number

65-0024067

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

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, William F  
18450 NE 2nd Ave  
miami FI 33179

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OPT  
Greenberg, William F  
18450 NE 2nd Ave miami FI 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Greenberg, William F.  
18450 NE 2nd Ave  
miami FI 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
Greenberg, Deborah L.  
18450 NE 2nd Ave  
miami FI 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003924526-5  
-03/28/01--01098--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Christina A. Lee  
18450 NE 2nd Ave  
miami FI 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Michelle A. Greenberg  
18450 NE 2nd Ave  
miami FI 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)