

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 65124 *Amended*

1. Entity Name
Bill Greenberg Special Services, Inc

Principal Place of Business
18450 NE 2nd Ave
miami, FL 33179
USA

Mailing Address
same

2. Principal Place of Business
18450 NE 2nd Ave

3. Mailing Address
18450 NE 2nd Ave

Suite, Apt. #, etc.

City & State
miami FL

City & State
miami FL

4. FEI Number
65-0024067

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Greenberg, William F
18450 NE 2nd Ave
miami, FL 33179

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 William F Greenberg DATE 3/13/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>OPT</u> <u>Greenberg, William F</u> <u>18450 NE 2nd Ave Miami, FL 33179</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DV</u> <u>Greenberg, Deborah L.</u> <u>18450 NE 2nd Ave</u> <u>Miami, FL 33179</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Christina A. Lee</u> <u>18450 NE 2nd Ave</u> <u>Miami, FL 33179</u> <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	<u>DP</u> <u>Greenberg, William F.</u> <u>18450 NE 2nd Ave</u> <u>Miami, FL 33179</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600003924526-5</u> <u>-03/28/01--01098--008</u> <u>*****61.25 *****61.25</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>Michelle A. Greenberg</u> <u>18450 NE 2nd Ave</u> <u>Miami, FL 33179</u> <input type="checkbox"/> Change <input checked="" 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 an address, with all other like empowered.

SIGNATURE: William F Greenberg DATE 3/13/2001 DAYTIME PHONE # 305, 770, 4438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)