

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M76370**

1. Entity Name

**CYNTHIA GREENHOUSE-TIANO, P.A.**

Principal Place of Business

Mailing Address

**4070 NE 18TH AVE.  
FT. LAUDERDALE FL 33334****4070 NE 18TH AVE.  
FT. LAUDERDALE FL 33334-5438**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, SCOTT  
6650 W. INDIANTOWN RD  
SUITE 200  
JUPITER FL 33458**Name **Cynthia Tiano**

Street Address (P.O. Box Number is Not Acceptable)

**4070 NE 18th Ave**

City

**Ft Lauderdale, FL**

Zip Code

**33334**

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

*Cynthia Tiano**Cynthia Tiano***4/3/00**

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**D  
GREENHOUSE-TIANO, CYNTHIA  
4070 N.E. 18TH AVENUE  
FT. LAUDERDALE FL 33334**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/00 (954) 561 0105**

Date

Daytime Phone #

**FILED  
Apr 17, 2000 8:00 am  
Secretary of State**

04-17-2000 90146 038 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE