

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90430 011 ***150.00

DOCUMENT # P00000009875

1. Entity Name

MICHAEL GREENWALD, P.A.

Principal Place of Business

2501 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

Mailing Address

2501 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

2. Principal Place of Business

2501 Hollywood Blvd.

3. Mailing Address

2501 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

U.S.

Zip

33020

Country

U.S.

4. FEI Number

65-0982535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, FREDERICK JR
C/O/ RICK LEONE P.A.
3230 STIRLING ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: Michael Greenwald
Street Address (P.O. Box Number is Not Acceptable):
2501 Hollywood Blvd., #206
City: Hollywood FL Zip Code: 33020

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, 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: D ☐ Delete
NAME: GREENWALD, MICHAEL
STREET ADDRESS: 2501 HOLLYWOOD BOULEVARD
CITY-ST-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D/P/S/T ☒ Change ☒ Addition
NAME:
STREET ADDRESS: 2501 Hollywood Blvd., #206
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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

1/9/01 954-923-2250
Date Daytime Phone #

CR2E034 (10/00)