

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90017 010 \*\*\*150.00

**DOCUMENT # P00000072011**

1. Entity Name  
**NEVEL & GREENFIELD, P.A.**

Principal Place of Business  
**555 NE 15 STREET**  
**VENETIA CENTER SUITE 100**  
**MIAMI FL 33132**

Mailing Address  
**555 NE 15 STREET**  
**VENETIA CENTER SUITE 100**  
**MIAMI FL 33132**



2. Principal Place of Business  
**11900 Biscayne Blvd**  
 Suite, Apt. #, etc.  
**Suite 806**

3. Mailing Address  
**11900 Biscayne Blvd**  
 Suite, Apt. #, etc.  
**Suite 806**

DO NOT WRITE IN THIS SPACE

City & State  
**N. Miami, FL.**

City & State  
**N. Miami, FL.**

4. FEI Number -- **65-1027478**

Applied For  
 Not Applicable

Zip **33181** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**NEVEL, DAVID H**  
**555 NE 15 STREET**  
**VENETIA CENTER SUITE 100**  
**MIAMI FL 33132**

**7. Name and Address of New Registered Agent**

Name **David H. Nevel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11900 Biscayne Blvd.**  
**Suite 806**  
 City **N Miami** FL Zip Code **33181**

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

(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, 2002 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 **PD**  Delete  
 NAME **NEVEL, DAVID H**  
 STREET ADDRESS **555 NE 15 ST VENETIA CENTER SUITE 100**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VSTD**  Delete  
 NAME **GREENFIELD, JOHN**  
 STREET ADDRESS **555 NE 15 ST VENETIA CENTER SUITE 100**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD**  Change  Addition  
 NAME **Nevel, David H.**  
 STREET ADDRESS **11900 Biscayne Blvd Suite 806**  
 CITY-ST-ZIP **N Miami, FL 33181**

TITLE **VSTD**  Change  Addition  
 NAME **Greenfield, John**  
 STREET ADDRESS **11900 Biscayne Blvd Suite 806**  
 CITY-ST-ZIP **N. Miami FL 33181**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pras.** **4/15/02** **305 895 1284**  
 Date Daytime Phone #

CR2E034 (9/01)