## 2000 UNIFORM BUSINESS REPORT (UBR)

PALM BEACH GARDENS FL 33418

9. This corporation is eligible to satisfy its intangible

GREENBERG, JOHN L,

GREENBERG, TOBY B

**5 BALFOUR ROAD EAST** 

PALM BEACH GARDENS FL

**5 BALFOUR ROAD EAST** 

PALM BEACH GARDENS FL

Tax filing requirement and elects to do so.

(See criteria on back)

PRED

SECD

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

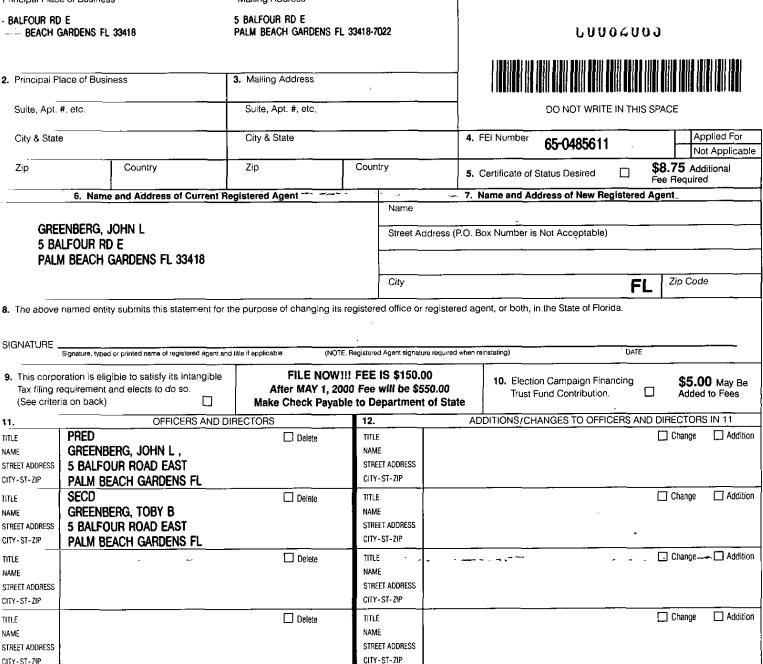
CITY-ST-ZIP

CITY-ST-ZIF

Principal Place of Business		Mailing Address		
- Balfour RD E Beach Gardens FL 33418		5 BALFOUR RD E PALM BEACH GARDENS FL 33418-7022		
2. Principal Place of Business		3. Mailing Address		_
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		ļ
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.  City & State		4.
· · · · ·	Country		Country	4.

## **FILED** May 04, 2000 8:00 am Secretary of State

05-04-2000 90179 044 \*\*\*150.00



CR2E034 (9/99)

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 eath; 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

NAME

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

Addition

☐ Addition