## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #~~ P95000013798

1. Entity Name

BERNIE GREENBERG INC



## **FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90146 021 \*\*\*150.00

Principal Place of Business 5430-F VENETIA COURT BOYNTON BEACH FL 33437		Mailing Address 5430-F VENETIA COURT BOYNTON BEACH FL 33	1437	
2. Principal Place of Business		3. Mailing Address		- V E TOOLHAND HIGH EIGHT ONLIN OORH OORH OORH OORH IN OORH INGE HIGH HEGEN WIND TRIK 1995)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0556768 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent
			Name	
	erg, Bernard Enetia court		Street Address	s (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33437				and the second s
			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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GREENBERG, BERNARD 5430-F VENETIA COURT BOYNTON BEACH FL 33437	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, GLORIA 5430-F VENETIA COURT BOYNTON BEACH FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information as a life of the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with higher like empowered.

SIGNATURE: