

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90033 044 ***150.00

DOCUMENT # P95000028114

1. Entity Name
GREENBERG & LAGOMASINO, P.A.

Principal Place of Business

**799 BRICKELL PLAZA
 SUITE 700
 MIAMI FL 33133
 US**

Mailing Address

**799 BRICKELL PLAZA
 SUITE 700
 MIAMI FL 33133
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**777 Brickell Avenue
 Suite 708
 Miami FL**

3. Mailing Address

**777 Brickell Avenue
 Suite 708
 Miami FL**

City & State
Miami FL

Zip
33131

Country
US

City & State
Miami FL

Zip
33131

Country

4. FEI Number **65-0571406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHEMO, MATTEW M JR
 799 BRICKELL PLAZA
 SUITE 700
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Mark D. Greenberg**
 Street Address (P.O. Box Number is Not Acceptable)
**777 Brickell Avenue
 Suite 700
 Miami FL 33131**

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 **Mark D. Greenberg**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/23/02**

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 **PTD**
 NAME **GREENBERG, MARK D**
 STREET ADDRESS **799 BRICKELL AVE., STE 700**
 CITY-ST-ZIP **MIAMI FL**

☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **777 Brickell Avenue, Suite 708**
 CITY-ST-ZIP **Miami FL 33131**

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

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

Date

Daytime Phone #

CR2E034 (9/01)