

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91603 048 \*\*\*150.00

DOCUMENT # P97000011056

1. Entity Name  
Brett Greenwald, P.A.

**DO NOT WRITE IN THIS SPACE**

674252

2. Principal Place of Business  
5450 S. State Rd. 7  
Suite, Apt. #, etc.  
#8

3. Mailing Address  
2 South University Dr.  
Suite, Apt. #, etc.  
Suite 327

DO NOT WRITE IN THIS SPACE

City & State  
Fort Lauderdale, FL  
Zip  
33314

City & State  
Plantation, FL  
Zip  
33324

Country  
USA

4. FEI Number  
65-0726039

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
Dr. Brett Greenwald  
Street Address (P.O. Box Number is Not Acceptable)  
8495 SE Mangrove St  
City  
Hobe Sound FL Zip Code  
33455

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  BRETT GREENWALD  
Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/21/02  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P  
NAME Brett Greenwald  
STREET ADDRESS 8495 SE Mangrove St  
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  BRETT GREENWALD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02  
Date

954-581-0124  
Daytime Phone #

CR2E034B (12/01)