FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700045747

1. Corporation Name

JOE GREENBERG, ARCHITECT, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90074 042 ***150.00



Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
285 SEVILLE AVENUE 285 SEVILLE AVENUE								
CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		_	
					05/22/1997			
2 Deiening D	ass of Pusipose	2a. Mailing Address			4. FEI Number	Apr	olied For	
2. Principal Pi	SEVILLA AYE	26 285 SEVILL	285 SEVILLA AVE		65-0763592		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75 A		
	#, etc.	27	Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Rec		
City & State	<u> </u>	City & State			6. Election Campaign Financing 55.00 May Be			
23		28		Trust Fund Contribution Added to Fees				
Zíp	Country		ountry		8. This corporation owes the current year	Intangible		
24	25	29 30	30		Personal Property Tax.		□No	
	9. Name and Address of Curre		T		10. Name and Address of New Register	ed Agent		
			81	Name				
Greenberg, Joseph I 285 Seville Avenue				Street A	Address (P.O. Box Number is Not Acceptable)			
					55 SEVILLA AVE	. `		
CORAL GABLES FL 33134			83		,	,		
			-	Cit.		85 Zip C		
			84	City	F	FT 62 52 C	,oue	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	abov	re-named c	corporation submits this statement for the purpose	of changing its	registered	
office or r	edistered agent, or both, in the State	e of Florida. Such change was authorizations of, Section 607.0505, Florida St	zea ov	the corpo	ration's board of directors. I hereby accept the ap	pointment as reg	jistered	
agent. I a	m ramiliar with, and accept the obliga	ations of, Section 607.0003, Florida St	atutes	.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Registe	ered Age	nt signature re	quired when reinstating) DATE			
12,			3.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE 1.1	1 TITLE			Change	☐ Addition	
NAME	GREENBERG, JOSEPH I	1.3	2 NAME	İ	285 SEVILLA AVE			
STREET ADDRESS	285 SEVILLE AVENUE			T ADDRESS		,	}	
CITY-ST-ZIP	CORAL GABLES FL 33134		4 CITY-S					
TITLE	D		1 TITLE		285 SEVILLA AVE	Change	☐ Addition	
NAME	GREENBERG, CLAUDIA B	2:	2 NAME					
STREET ADDRESS	285 SEVILLE AVENUE	ELINDERIO, OLNODIA D		TADORESS	<i></i>	. •		
	200 OCTICLE AVENUE		2. 4 CITY-ST-ZIP			*		
CITY-ST-ZIP TITLE	COMAL GABLES FL 33134		1 TITLE	01-21		Change	- Addition	
		3	2 NAME				,	
NAME				T ADDRESS		•	}	
STREET ADDRESS			4. CITY-					
CITY-ST-ZIP			1 TITLE	31-21		Change	☐ Addition	
TITLE			2 NAME				_ }	
NAME								
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			4 CITY-5 1 TITLE	SI-ZIP		☐ Change	Addition	
TITLE			2 NAME			onango		
NAME						. •		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4 CITY-5			☐ Change	Addition	
TITLE								
NAME			2 NAME					
STREET ADDRESS	1	6.	SHEF	ET ADORESS				

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like approvaged.

6 4 CITY-ST-ZIP

SIGNATURE: