

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095398

1. Entity Name

GADINSKY & GREANER, INC.

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90023 030 ***150.00

Principal Place of Business 4100 NW 98TH AVE SUNRISE FL 33351 US	Mailing Address 4100 NW 98TH AVE SUNRISE FL 33351 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

LESLIE ROBERT EVANS & ASSOCIATES, P.A.
375 SOUTH COUNTY ROAD STE 218
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
214 Brazilian Ave
Suite 200
City
Palm Beach
State
FL
Zip Code
33480

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADINSKY, SETH 1048 KANE CONCOURSE STE 2B BAY HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 NW 98 AVE Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREANER, IVY 1048 KANE CONCOURSE STE 2B BAY HARBOR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 NW 98 AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ivy Z Greaner IVY Z GREANER 2/23/01 (954) 981-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (10/00)