

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/25/

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90041 024 \*\*\*150.00

**DOCUMENT # P98000061786**

1. Entity Name  
**GREEN & BARR CORP.**

Principal Place of Business  
**353 WEST 47TH STREET**  
**MIAMI BEACH FL 33140**

Mailing Address  
**353 WEST 47TH STREET**  
**MIAMI BEACH FL 33140**

2. Principal Place of Business  
**5785 PINE TREE DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5785 PINE TREE DRIVE**  
 Suite, Apt. #, etc.  
**MIAMI BEACH**

City & State  
**MIAMI BEACH, FLORIDA**

City & State  
**FLORIDA**

4. FEI Number **65-0858155**

Applied For  
 Not Applicable

Zip **33140** Country **U.S.A.**

Zip **33140** Country **U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**BROWN, GARY L. ESQ**  
**20803 BISCAYNE BOULEVARD**  
**SUITE 200**  
**AVENTURA FL 33108**

## 7. Name and Address of New Registered Agent

Name **GARY BROWN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PHILLIPS EISINGER KOOS ROTHSTEIN + ROSENFELD PA**  
**PRESIDENTIAL CIRCLE, 4000 HOLLYWOOD BLVD SUITE 265 SOUTH**  
 City **HOLLYWOOD** FL Zip Code **33021**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD BARROUKH, YVES</b> <b>353 WEST 47TH STREET</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR BARROUKH, YVES</b> <b>5785 PINE TREE DRIVE</b> <b>MIAMI BEACH FL 33140</b>	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS GREEN, MICHELLE</b> <b>5785 PINE TREE DRIVE</b> <b>MIAMI BEACH FL 33140</b>	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR GREEN, ADRIAN</b> <b>5785 PINE TREE DRIVE</b> <b>MIAMI BEACH FL 33140</b>	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 25 2001** **305 865 2726**  
 Date Daytime Phone #

CR2E034 (10/00)