

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000022690

1. Entity Name
RICHARD GREEN, P.A.

Principal Place of Business
6518 NORTH STATE ROAD 7
POMPANO BEACH FL 33073

Mailing Address
6518 NORTH STATE ROAD 7
POMPANO BEACH FL 33073

2. Principal Place of Business
6518 NORTH STATE ROAD 7

3. Mailing Address
6518 NORTH STATE ROAD 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK FL

City & State
COCONUT CREEK FL

4. FEI Number
65-0904695

Applied For
Not Applicable

Zip Country
33073

Zip Country
33073

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

Name
GREEN RICHARD

Street Address (P.O. Box Number is Not Acceptable)
6200 NW 76TH COURT

City FL Zip Code
PARKLAND 33067

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 RICHARD GREEN

04/29/2001

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 PDTS ☐ Delete
NAME GREEN RICHARD
STREET ADDRESS 6518 NORTH STATE ROAD 7
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE PDTS ☒ Change ☐ Addition
NAME GREEN RICHARD
STREET ADDRESS 6518 NORTH STATE ROAD 7
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Richard Green

PDTS 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)