

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90251 021 ***150.00

DOCUMENT # P990000040853

1. Entity Name

WALD, GREENBERG, COHEN, SCHNEIDER & COMPANY, P.A

Principal Place of Business

**9700 SOUTH DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

Mailing Address

**9700 SOUTH DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

DUUUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9700 S. Dixie Highway
 Suite, Apt. #, etc.
 Suite 1030**

3. Mailing Address

**9700 S. Dixie Highway
 Suite, Apt. #, etc.
 Suite 1030**

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0916589

Applied For

Not Applicable

Zip

33156

Country

Miami - Dade

Zip

33156

Country

Miami - Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WALD, EARL A
 9700 SOUTH DIXIE HIGHWAY SUITE 900
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Myron M. Samole, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
**9700 South Dixie Highway
 Suite 1030
 City Miami FL Zip Code 33156**

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

04-18-02

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, 2002 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	PD WALD, EARL A 9700 SOUTH DIXIE HIGHWAY MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBERG, JEFFREY M 9700 SOUTH DIXIE HIGHWAY MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COHEN, ALBERT R 9700 SOUTH DIXIE HIGHWAY MIAMI FL 33156	<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	<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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Private 4/17/02

CR2E034 (9/01)