2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 246553

CITY-ST-ZIP

SIGNATURE: (

GREENSTEIN TRUCKING COMPANY

DOCUMENT # 246553 1. Entity Name GREENSTEIN TRUCKING COMPANY				Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90140 024 ***150.00			
Principal Place of Business 280 N.W. 12TH AVE POMPANO BEACH FL 33069-2902		Mailing Address 280 N.W. 12TH AVE POMPANO BEACH FL 33069-2902					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE	
City & State		City & State	City & State		4. FEI Number 59-0937183 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Co	ertificate of Status Desired	\$8.75 Add	itional
6. Name and Address of Current Registered Agent					Fee Required 7. Name and Address of New Registered Agent		
	The state of the s	in registered Agent	Name	7. 140	ane and Address of New negist	ered Agerii	
280	enstein, Charles NW 12Th avenue		Street Address		s (P.O. Box Number is Not Acceptable)		
POM	PANO BEACH FL 33069						
			City			Zip Code	9
Tax filing r	Signature, typed or printed name of registered agoration is eligible to satisfy its Intang requirement and elects to do so, ria on back)	ible FILE NOW After MAY 1, 20	E: Registered Agent signature requirements I! FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of S	0	nstating) 10. Election Campaign Financin Trust Fund Contribution.	- Ψ 010	0 May Be
11,	OFFICERS A	ND DIRECTORS	12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GREENSTEIN, CHARLES 280 N.W. 12TH AVE. POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUL	THOUSANT INVESTIGATION	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALICH, PENNY 280 N.W. 12TH AVE. POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition

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.

(954) 9463520

FILED