

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004238

1. Entity Name  
GREENSTEEL, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90008 032 \*\*\*550.00

Principal Place of Business  
2170 BARR SLOPE ROAD  
DIXONVILLE PA 15734-0335

Mailing Address  
2170 BARR SLOPE ROAD  
DIXONVILLE PA 15734-0335

2. Principal Place of Business

3. Mailing Address

4889 South Old Peachtree Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Norcross, GA

4. FEI Number 06-1453271

Applied For  
Not Applicable

Zip

Country

Zip  
30071

Country  
USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME MENNITI, JOSEPH A  
STREET ADDRESS 48-62 36TH STREET  
CITY-ST-ZIP LONG ISLAND CITY NY 11101 ☒ Delete

TITLE Chief Executive Officer  
NAME Michael H. Dunn  
STREET ADDRESS 4889 South Old Peachtree Rd  
CITY-ST-ZIP Norcross, GA 30071 ☐ Change ☒ Addition

TITLE ST  
NAME EDWARDS, GARY L  
STREET ADDRESS 48-62 36TH STREET  
CITY-ST-ZIP LONG ISLAND CITY NY 11101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4889 South Old Peachtree Rd  
CITY-ST-ZIP Norcross, GA 30071 ☒ Change ☐ Addition

TITLE D  
NAME BERKOWITZ, IVAN  
STREET ADDRESS 48-62 36TH STREET  
CITY-ST-ZIP LONG ISLAND CITY NY 11101 ☒ 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

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 #

CR2E034 (5/00)