

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62359

1. Entity Name

GREENE GALLERY, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90063 022 ***150.00

Principal Place of Business
1012 NORTH OCEAN BLVD
1105
POMPANO BEACH FL 33062
US

Mailing Address
1012 NORTH OCEAN BLVD
1105
POMPANO BEACH FL 33062
US

2. Principal Place of Business

Apartment / Century Plaza

3. Mailing Address

1012 N. Ocean Blvd.

Suite, Apt. #, etc.

** 1105*

Suite, Apt. #, etc.

1105

City & State

Pompano Beach, Fla.

City & State

Pompano Beach

Zip

33062

Country

US

Zip

33062

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2319605**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, BARBARA
1012 N OCEAN BLVD
#1105
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name *Barbara Greene*

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

1012 N. Ocean Blvd. # 1105

City *Pompano Beach*

FL

Zip Code

33062

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	P	<input type="checkbox"/> Delete
NAME	GREENE, BARBARA	
STREET ADDRESS	1012 NORTH OCEAN BLVD, # 1105	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2001 942-3079

Date

Daytime Phone #

0124199

CR2E034 (10/00)