

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001403

1. Entity Name  
GREENWICH ALLIANCES LLC

Principal Place of Business

MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON FL 33432

Mailing Address

MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-10000631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATTEIS & CHRISTOPHER, P.A.  
29 S.E. FIFTH STREET  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE P/S/T/D ☐ Delete  
NAME Kevin McGovern  
STREET ADDRESS 29 S E 5th Street  
CITY-ST-ZIP Boca Raton, Fl 33432

TITLE VP/Asst Sec ☐ Delete  
NAME John J. Matteis  
STREET ADDRESS 29 S E 5th Street  
CITY-ST-ZIP Boca Raton, Fl 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 100004211631-05/11/01--01071-014  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John J. Matteis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/01

561 241 4448



DO NOT WRITE IN THIS SPACE

FILED

01 APR 27 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (11/00)