

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**  
 04-26-2002 90014 008 \*\*\*158.75

**DOCUMENT # P00000079281**

**1. Entity Name**  
**NEW GREYNOLDS, INC.**

**Principal Place of Business**  
 17890 W DIXIE HWY. #519  
 AVENTURA FL 33160

**Mailing Address**  
 17890 W DIXIE HWY. #519  
 AVENTURA FL 33160

**481 Ives Dairy Rd.**

**481 Ives Dairy Rd.**

**2. Principal Place of Business**

**401 D**

**3. Mailing Address**

**401 D**

**Suite, Apt. #, etc.**

**MIAMI - FLORIDA**

**Suite, Apt. #, etc.**

**MIAMI - FLORIDA**

**City & State**

**City & State**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-1041044**

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAZZA-MARTINEZ, TANIA A**  
 782 NW 42 AVE, STE 637  
 MIAMI FL 33126

**7. Name and Address of New Registered Agent**

**Name** **MAZZOLINI AMADEO A.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**481 Ives Dairy Rd. # 401 D**

**City** **MIAMI**

**FL**

**Zip Code** **33179**

**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 reappointing)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust/Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MAZZOLINI, AMADEO A</b>	
<b>STREET ADDRESS</b>	<b>17890 W DIXIE HWY, #519</b>	
<b>CITY-ST-ZIP</b>	<b>AVENTURA FL 33160</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CAPRIOTTI, LIDIA</b>	
<b>STREET ADDRESS</b>	<b>17890 W DIXIE HWY, #519</b>	
<b>CITY-ST-ZIP</b>	<b>AVENTURA FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

CR2E034 (9/01)

**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: X** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-10-02** **(786) 2511310**  
 Date Daytime Phone #