

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103415

1. Entity Name

GREENWICH ENTERPRISE, INC.

**FILED**  
Jun 04, 2001 8:00 am  
Secretary of State

06-04-2001 90019 021 \*\*\*150.00

Principal Place of Business

Mailing Address

3383 N.W. 7TH STREET #203  
MIAMI FL 33125

3383 N.W. 7TH STREET #203  
MIAMI FL 33125

2. Principal Place of Business

3383 N.W. 7th St #203

Suite, Apt. #, etc.

MIAMI FL

3. Mailing Address

3383 N.W. 7th St #203

Suite, Apt. #, etc.

MIAMI FL

City & State

33125

City & State

33125

Zip

Country

Zip

Country

4. FEI Number

65-1052510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUENTES, LOURDES  
3213 S.W. 26TH ST  
MIAMI FL 33135

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

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	PD	<input type="checkbox"/> Delete
NAME	PUENTES, LOURDES	
STREET ADDRESS	3213 S.W. 26TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VO	<input type="checkbox"/> Delete
NAME	VALES, MARTHA	
STREET ADDRESS	3213 S.W. 26TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (305) 541-7888

Date

Daytime Phone #

CR2E034 (10/00)