2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3232 NW 62ND LANE

BOCA RATON FL 33496

P01000009126 DOCUMENT

1. Entity Name

Principal Place of Business

3232 NW 62ND LANE

BOCA RATON FL 33496

GREENSBORO BUILDING, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

017 ***150.00

01-15-2003 90168 (

												
2. Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & S	City & State			4.	07-11/8/20			pplied For	
Zip Country			Zip	Zip Co		ntry 5		Certificate of Status Desired	□ \$8 500	.75 Ad Require	lot Applicable	
6. Name and Address of Current Registered Agent								Name and Address of New Reg				
DEUTSCI	H, STEVEN V				-	Name	<u></u>	tame and Address of New Neg	istered Agei	и		
•	6TH COUR					Street Address (P.O. Box Number is Not Acceptable)						
	ION FL 3332	•									 .	
: ************************************						City			Γ L	Zip Cod		
8. The above the obligation	named entity tions of registe	submits this statemen ered agent.	t for the purpose	of changing its	registere	ed office or reg	gistered a	gent, or both, in the State of Florid	a. I am famil	iar with,	and accept	
SIGNATURE	Signature, typed r	or printed name of registered ag	ent and title if applicable	MOTE	5							
	o-gradiana, typaa c	or printed fizing or registered ag	ent and title it applicable	- (NOTE:	: Hegistered	d Agent signature re	equired when r	reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	0 of State					Election Campaign Finance Trust Fund Contribution.	cing		0 May Be to Fees	
10.		OFFICERS AN	ID DIRECTORS		11.		ΔΓ	DDITIONS/CHANGES TO OFFICE	DC VND DID	ECTOR	C INI 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEIDER, A 3232 NW 6 BOCA BAT			☐ Delete	TITLE NAME STREE	T'ADDRESS		50 managari (Maza 10 ar		Change	Addition	
TITLE	·	01412 00400		☐ Delete	TITLE	ST-ZIP				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			-			T ADDRESS ST-ZIP						
TITLE - NAME STREET ADDRESS	Control of the Contro	Paraller to read to	ياسيم المعاري المعمدات	Delete	TITLE, NAME				-:	Change	Addition	
CITY-ST-ZIP			 		CITY-:	1	<u></u>		-,-,			
ITLE IAME TREET ADDRESS ITY-ST-ZIP			,	□ Delete	NAME STREE	T ADDRESS ST-ZIP				Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			[Defete	TITLE NAME	T ADDRESS	-			Change	Addition	
ITLE AME TREET ADDRESS			[☐ Delete	TITLE NAME	ADDRESS	. <u> </u>		c	Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.255-879