

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
 01-12-2000 90025 009 ***150.00

DOCUMENT # P93000078686

1. Entity Name

GREYSTONE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1200 S PINE ISLAND RD
 SUITE 220
 PLANTATION FL 33324

1200 S PINE ISLAND RD
 SUITE 220
 PLANTATION FL 33324-4459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

SUITE 230

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0449599

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent.

MORELLO, MICHAEL D
1200 S PINE ISLAND RD
SUITE 220
PLANTATION FL 33324

Name

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

SUITE 230

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MORELLO, MICHAEL D**
 STREET ADDRESS **1200 S PINE ISLAND RD SUITE 220**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Add
 NAME **SUITE 230**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 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 changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

954 370-7777

Date

Daytime Phone #