

# 2000 UNIFORM BUSINESS REPORT (UBR)

0168708

**DOCUMENT # P97000023864**  
 1. Entity Name  
**GREENSTONE FINANCIAL CORP.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 AUG 29 AM 9:51

Principal Place of Business Mailing Address  
 8324 NW 40 CT 8324 NW 40 CT  
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-1335  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 5895 NW 62nd Terrace 5895 NW 62nd Terrace  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Parkland FL Parkland FL  
 Zip 33067 Country USA Zip 33067 Country USA

4. FEI Number 65-0740868 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 DWYER, RICHARD JR. R  
 8324 NW 40 CT  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent  
 Name Richard R. Dwyer, Jr.  
 Street Address (P.O. Box Number is Not Acceptable)  
 5895 NW 62nd Terrace  
 City Parkland Parkland FL Zip Code 33067

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 DATE 8/28/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PS NAME DWYER, RICHARD STREET ADDRESS 8324 NW 40 CT CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE D NAME DWYER, VIOLETA R STREET ADDRESS 8324 NW 40 CT CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME 5895 NW 62nd Terrace STREET ADDRESS Parkland FL 33067 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 5895 NW 62nd Terrace STREET ADDRESS Parkland, FL 33067 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 300002386103 STREET ADDRESS -09/08/00--01003--024 CITY-ST-ZIP ***558.75 ***558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 8/28/00 DAYTIME PHONE # 954-345-7799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)