2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P9700023864 1. Entity Name GREENSTONE FINANCIAL CORP. 04-13-2001 90050 028 ***158.75 Mailing Address Principal Place of Business 5895 NW 62ND TERRACE 5895 NW 62ND TERRACE 00035873 PARK LAND FL 33067 PARK LAND FL 33067 3. Maijing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0740868 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DWYER, RICHARD R JR Street Address (P.O. Box Number is Not Acceptable) 5895 NW 62ND TERRACE PARK LAND FL 33067 8. The above named entity submits this statement for the purpose of changing its registered office or (NOTE: Registered Agent signature re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **Change** ☐ Addition ☐ Delete PS TITLE TITLE NAME NAME DWYER, RICHARD 777 S. Flagher, West Tower, STREET ADDRESS STREET ADDRESS 5895 NW 62ND TERRACE west Palm Beach. CITY-ST-ZIP CITY-ST-7IP PARK LAND FL 33067 TITLE 💢 Delete NAME NAME DWYER, VIOLETA R STREET ADDRESS STREET ADDRESS 5895 NW 62ND TERRACE CITY-ST-7IP CITY-ST-ZIP PARK LAND FL 33067 ☐ Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TiTLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 agrequired 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 NAM

Lichard R. Duya, Ir Ass. 4/9/01