

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067161

1. Entity Name

GREENMAN FLORIDA INVESTMENT REALTY, INC.

Principal Place of Business

1940 HARRISON ST., SUITE 204-B  
HOLLYWOOD FL 33020

Mailing Address

1940 HARRISON ST., SUITE 204-B  
HOLLYWOOD FL 33020

2. Principal Place of Business

1900 Corporate Blvd., NW.  
Suite, Apt. #, etc.  
310 W

3. Mailing Address

11179 Polymedway Way  
Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton Beach

Zip

33431

Country

USA

Zip

33437

Country

USA

4. FEI Number

65-0777107

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Brenda Greenman

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

11179 Polymedway Way

City

Boca Raton Beach

FL

Zip Code

33437

9. 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

Brenda Greenman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	GREENMAN, BRENDA	
STREET ADDRESS	1940 HARRISON ST., SUITE 204-B	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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		
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Brenda Greenman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

561-732-1782

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)