

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010111

1. Entity Name
GREENFIRE CORP.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90022 047 ***150.00

0027086

Principal Place of Business Mailing Address
935 FERN DRIVE 935 FERN DRIVE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

0 2 4 2 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0809168**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
2 SOUTH BISCAYNE BLVD. STE. 3660
1 BISCAYNE TOWER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **K. BRONKIE**
Street Address (P.O. Box Number is Not Acceptable)
935 FERN DR.
City **DELRAY BCH** FL **33483**

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, 2001 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 ☐ Delete
NAME **P BRONKIE, K S**
STREET ADDRESS **935 FERN DR**
CITY-ST-ZIP **DELRAY BCH FL 33483**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. BRONKIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-01 561 265-2922

CR2E034 (10/00)