

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # Greene Street Investment, Inc.
1. Entity Name
1075 Duval Street, C-21, #154
Key West, FL 33040-9104

*Greene St Corp
P098000019290*

**FILED
Apr 11, 2002 8:00 am
Secretary of State**

04-11-2002 90102 049 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>200 Elizabeth St</i>	3. Mailing Address <i>1075 Duval St. C-21</i>
Suite, Apt. #, etc. <i>-</i>	Suite, Apt. #, etc. <i>Suite 154</i>
City & State <i>Key West, FL</i>	City & State <i>Key West, FL</i>
Zip <i>33040</i>	Country <i>33040</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65 0816043</i>	Applied For <input type="checkbox"/>
Not Applicable	

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

7. Name and Address of Current Registered Agent

Name <i>Dr Robert OTTO</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1075 Duval St C-21</i>	
City <i>Key West</i>	
FL	Zip Code <i>33040</i>

8. This 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 *Robert C. Otto*

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

(NOTE: Registered Agent signature required when remitting)

DATE *4/1/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$560.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> Dr. Robert Robert G. Otto • 1075 Duval St. C-21 PMB 154 • Key West, FL 33040-9104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> Mrs. Robert G. Otto • 1075 Duval St. C-21 PMB 154 • Key West, FL 33040-9104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Robert Otto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)