

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

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

04-11-2002 90102 049 ***150.00

DOCUMENT # Greene Street Investment, Inc.
1. Entity Name 1075 Duval Street, C-21, #154
Key West, FL 33040-9104 - Corp
P98000019290-✓

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0816043
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Dr Robert Otto
Street Address (P.O. Box Number is Not Acceptable) 1075 Duval St C-21
Suite 154
City Key West FL Zip Code 33040

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 G. Otto
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)
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 \$550.00
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	President Dr. 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	Vice President 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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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 emendations.
SIGNATURE: Robert Otto
Signature and typed or printed name of signing officer or director
Date 4/1/02 (305) 296-5838
Daytime Phone #

CR2E034B (12/01)