

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90353 031 ***150.00

DOCUMENT # P98000046554

1. Entity Name

GREENWALD HOLDINGS, INC.

Principal Place of Business

**1320 SOUTH DIXIE HIGHWAY #781
CORAL GABLES FL 34146**

Mailing Address

**1320 SOUTH DIXIE HIGHWAY #781
CORAL GABLES FL 34146**

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 **65-0848383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BROWN, GARY
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180**Name **GARY BROWN**Street Address (P.O. Box Number is Not Acceptable)
4000 HOLLYWOOD BLVD**#265-SOUTH**City **HOLLYWOOD****FL**Zip Code **33021**

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

GARY BROWN

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GREENWALD, ALLEN R	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY #781	
CITY-ST-ZIP	CORAL GABLES FL 34146	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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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 14 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/01
395
6674886

CR2E034 (10/00)