

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080616

1. Entity Name

GREENSTEIN ENTERPRISES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90107 012 ***150.00

Principal Place of Business

Mailing Address

~~C/O COMPUKEEPER~~
~~3420 S. DEAN BLVD~~ 3420 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487 #3R

~~C/O COMPUKEEPER~~
~~3420 S. DEAN BLVD~~ P.O. Box 1920
HIGHLAND BEACH 33487
BOCA RATON, FL 33489

2. Principal Place of Business

3420 South Ocean Blvd

3. Mailing Address

P.O. Box 1920

Suite, Apt. #, etc.

3R

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

BOCA RATON, FL

Zip

Country

33487

USA

Zip

Country

33429

USA

4. FEI Number

65-0870149

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

GREENSTEIN, ROBERT

~~C/O COMPUKEEPER~~

3420 S. OCEAN BLVD - Suite # 3R
HIGHLAND BEACH FL 33487

Name

Robert L. GREENSTEIN

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

3420 South Ocean Blvd.
3R

City

Highland Beach

FL

Zip Code

33487

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

Robert L. Greenstein (Robert L. GREENSTEIN)

3/23/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GREENSTEIN, ROBERT	
STREET ADDRESS	P.O. BOX 1920 ***	
CITY-ST-ZIP	BOCA RATON FL 33429	
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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)(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: Robert L. Greenstein (Robert L. GREENSTEIN) 3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)