

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90004 032 \*\*\*150.00

**DOCUMENT # P98000080616**

1. Entity Name  
**GREENSTEIN ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**C/O COMPUKEEPER** **C/O COMPUKEEPER**  
**3420 S. OCEAN BLVD** **P.O. BOX 1920**  
**HIGHLAND BEACH FL 33487** **BOCA RATON FL 33429**

**010110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3420 South Ocean Blvd**  
 Suite, Apt. #, etc. **# 3R**  
 City & State **Highland Beach**  
 Zip **33487** Country **USA**

3. Mailing Address **GREENSTEIN ENTERPRISES, INC.**  
 Suite, Apt. #, etc. **P.O. Box 1920**  
 City & State **BOCA RATON, FL**  
 Zip **33429** Country **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  
**GREENSTEIN, ROBERT**  
**C/O COMPUKEEPER**  
**3420 S. OCEAN BLVD**  
**HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent  
 Name **Robert L. GREENSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable) **3420 South Ocean Blvd**  
 Suite # **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 President Robert L. Greenstein 3/14/01**  
 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GREENSTEIN, ROBERT</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 1920 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33429</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 3/14/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)