

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029832

1. Entity Name
GREENTRUST LIMITED, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90062 032 ***150.00

Principal Place of Business
1440 JOHN F. KENNEDY CSWY #301
NORTH BAY VILLAGE FL 33141

Mailing Address
1440 JOHN F. KENNEDY CSWY #301
NORTH BAY VILLAGE FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
152 NE 167 Street
Suite, Apt. #, etc.
Suite 301

3. Mailing Address
152 NE 167 Street
Suite, Apt. #, etc.
Suite 301

City & State
North Miami Beach, Fl.

City & State
North Miami Beach, Fl.

Zip
33162

Country
USA

Zip
33162

Country
USA

4. FEI Number 65-0925077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PIERCE, CLIFFORD Y
1440 JOHN F. KENNEDY CSWY #301
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent
Name
c/o Clifford Y Pierce
Street Address (P.O. Box Number is Not Acceptable)
152 NE 167 Street
Suite 301
City
North Miami Beach FL Zip Code
33162

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 Clifford Y Pierce Clifford Y Pierce 4-24-01
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	PDS	<input type="checkbox"/> Delete		TITLE	PDS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERCE, CLIFFORD Y			NAME	Pierce, Clifford Y.		
STREET ADDRESS	1440 JOHN F. KENNEDY CSWY #301			STREET ADDRESS	152 NE 167 Street #301		
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141			CITY-ST-ZIP	North Miami Beach, FL. 33142		
TITLE	VPST	<input type="checkbox"/> Delete		TITLE	VPST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUS, PAUL			NAME	Marcus, Paul		
STREET ADDRESS	1440 JOHN F KENNEDY CSWY #301			STREET ADDRESS	152 NE 167 Street #301		
CITY-ST-ZIP	MIAMI FL 33141			CITY-ST-ZIP	North Miami Beach, FL. 33162	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			
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: Clifford Y Pierce Clifford Y Pierce 4-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0618781

CR2E034 (10/00)