

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068024

1. Entity Name

GREENWELL INVESTMENTS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90190 003 \*\*\*150.00

Principal Place of Business

Mailing Address

550 BILTMORE WAY, STE 810  
CORAL GABLES FL 33134

550 BILTMORE WAY, STE 810  
CORAL GABLES FL 33134-5779

2. Principal Place of Business

5275 S.W. 101 Street

3. Mailing Address

5275 S.W. 101 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL 33156

City & State  
Miami, FL 33156

4. FEI Number

65-0936925

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

WHITE, ROBERT A  
550 BILTMORE WAY SUITE 810  
CORAL GABLES FL 33134

Name

M & W Agents, Inc.

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

2101 Corporate Blvd., Suite 107

City

Boca Raton

FL

Zip Code  
33431

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

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** ☒ Delete  
NAME **ELDRIDGE, LOUISA C**  
STREET ADDRESS **700 CORAL WAY #9**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition  
NAME **Mary E. Greenwell**  
STREET ADDRESS **5275 S.W. 101 Street**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Jon Greenwell**  
STREET ADDRESS **5275 S.W. 101 Street**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000 (305) 665-232