2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

12750 HAGEN RANCH ROAD

BOYNTON BEACH FL 33437

DOCUMENT # 368156

1. Entity Name

GREEN CAY FARMS, INC.

Principal Place of Business

12750 HAGEN RANCH ROAD

BOYNTON BEACH FL 33437



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90536 034 ***150.00

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2. Principal Place of Business				3. Mailing Address					F 1801280 (EILD DILD) 18501 LLDEN OFFIN DLIF DIBEL 4	ABAR BIRIA BEI	011 0 1811 01011 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.		FEI Number 59-1301536 Appl Not A			
Zip Country			Zip	Zip		ntry		5. (Certificate of Status Desired	\$8.75 / Fee Requ		
	6. Name	and Address of Current	Register	ed Agent			7. Name and Address of New Registered Agent					
• .						Name						
WINSBERG, T						•						
12750 HA	GEN RANC	H ROAD				Street Address (P.O. Box Number is Not Acceptable)						
	I BEACH FL											
БОТИТОГ	· DEAOITT	. 00107										
						City			FL	` Zip C	ode	
8. The above	named entity	submits this statement for	or the pure	oose of changing its	register	ed office or	registered	Lage	ent, or both, in the State of Florida. I am	: familiar wi	th, and accept	
	ions of regist						5,		-		ing acro accept	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if an	olicable. (NOTE	E: Registere	ed Agent signate	ire required wh	en rei	einstating) DATE			
- 3/				1								
		! FEE IS \$150.00							9. Election Campaign Financing	\$5	.00 May Be	
		3 Fee will be \$550.00	f Chata					ĺ	Trust Fund Contribution.] Ādī	ded to Fees	
	C Payable to	Florida Department of										
10.		OFFICERS AND		DIRECTORS				ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 11	
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STREET ADDRESS						ET ADDRESS						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SMATURE AND TYPE ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/03

(561) 499-5345

Date

Daytime Phone #

2E034 (10/02)