Daytime Phone #

2002 Uniform Business Report (UBR)

of the corporation or the receiver or truste changed, or on an attachment with an ac-

SIGNATURE:

Apr 04, 2002 8:00 am \$\frac{3}{2}\$ Secretary of State \$\frac{3}{2}\$ 599366 DOCUMENT # 1. Entity Name GREEN CONSTRUCTION CORP. NO. 2 Principal Place of Business Mailing Address 7700 N. KENDALL DRIVE 7700 N. KENDALL DRIVE SUITE 200 SUITE 200 **MIAMI FL 33156** MIAMI FL 33156 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1897006 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GREEN, ELIZABETH 7700 N. KENDALL DRIVE SUITE 200 **MIAMI FL 33156** 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on báck) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition VD ☐ Delete TITLE GREEN, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 7700 N. KENDALL DR., STE 200 **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP Delete PD TITLE TITLE GREEN, ROBERT B NAME NAME 7700 N. KENDALL DR., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Delete TITLE TITLE SD NAME-GREEN, ELIZABETH A NAME STREET ADDRESS 7700 N. KENDALL DR., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied y indicated on this report or supplemental reg