

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90775 018 ***150.00

DOCUMENT # F11228

1. Entity Name
GREEN PLACE INTERNATIONAL, INC.

Principal Place of Business

~~C/O BERNARD V. MAZZEO~~
~~8900 SW 117 AVE STE 104B~~
~~MIAMI FL 33186~~
US

Mailing Address

~~C/O BERNARD V. MAZZEO~~
~~8900 SW 117 AVE STE 104B~~
~~MIAMI FL 33186~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O B.V. Mazzeo & Co., CPAs

Suite, Apt. #, etc.

13501 SW 128 St., Ste 103

City & State

Miami FL

Zip

33186

Country

3. Mailing Address

C/O B.V. Mazzeo & Co., CPAs

Suite, Apt. #, etc.

13501 SW 128 St., Ste 103

City & State

Miami, FL

Zip

33186

Country

4. FEI Number **59-2060115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~REISMAN, JOSEPH B.~~
~~1 SE 3RD AVENUE, #3050~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name **Steven Oppenheim**
Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Ave., Suite 1115
City **Miami** **FL** Zip Code **33131**

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, 2002 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

TITLE **PTD** ☐ Delete
NAME **RIBA, ANTONIO**
STREET ADDRESS **8900 SW 117 AVENUE, B104**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VSD** ☐ Delete
NAME **RIBA, RAMON**
STREET ADDRESS **8900 SW 117 AVE, B104**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☒ Delete
NAME **REISMAN, JOSEPH B. (ASST)**
STREET ADDRESS **1 SE 3RD AVENUE, #3050**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **AS OPPENHEIM, STEVEN**
STREET ADDRESS **800 BRICKELL AVE, STE 1115**
CITY-ST-ZIP **MIAMI, FL 33131**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)