2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					Feb 14, 2003 8:00 am	
DOCUMENT # J80446 1. Entity Name				Secretary of State 02-14-2003 90205 001 ***150.00		
GREEN ENVIRONMEN	S, INC.					
Principal Place of Business 5528 NW. 79 WAY		Mailing Address 5528 NW. 79 WAY				
POMPANO BEACH FL 33067		POMPANO BEACH FL 33067				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State		4	4. FEI Number 59-28 18397 Applied For Not Applicable	
Zip Co	untry Z	ip (Country	!	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		
CRESPO, LUCY PA Street Adv			Name Street Addr	ess 199	D. Box Number is Nigt Agreentable) STALLET	
7370 NW 54TH ST LAUDERHILL FL 33319			-	/ / -		
	City Con			A SPAINES FL Zip Code 07/		
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FE					9. Election Campaign Financing \$5.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS 11.		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME BILELLO, RICHARD			NAME STREET ADDRESS			
STREET ADDRESS 390 SE 6 TERRACE CITY-ST-ZIP POMPANO BEACH FL 33060		·	CITY-ST-ZIP			
TITLE PT		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME BILELLO, FLORA (LORI)			NAME STREET ADDRESS			
STREET ADDRESS 390 S.E. 6TH TERR POMPANO BEACH FL 33060			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		. Change Addition	

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

☐ Delete

☐ Delete

SIGNATURE: ~

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Bilello 2/11/03 (954) 227-7426
Date Daytime Phone #

FILED

CR2E034 (10/02)

Addition

☐ Addition

☐ Change

Change