

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36684

1. Entity Name

GREEN SUN ENTERPRISES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90222 035 ***150.00

Principal Place of Business

8155 NW 66 ST.
MIAMI FL 33166
US

Mailing Address

~~8155 NW 66 ST.~~
~~MIAMI FL 33166~~
~~US~~

12253 SW 28th Ave
Miami Fla 33175

C0063665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12253 SW 28th Ave
Miami Fla 33175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0085005

Applied For

Not Applicable

Zip

Country

Zip

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

OLIVA, RUBEN, ESQ.
2250 SOUTHWEST 3RD AVENUE, THIRD FLOOR
MIAMI FL 33129

Name

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

City

FL

Zip Code

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, 2001 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
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CITY-ST-ZIP
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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

May 10/2001

Date

Daytime Phone #

305 226 6065

CR2E034 (10/00)