2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90832 011 ***150.00

DOCUMENT # K36684

1. Entity Name
GREEN SUN ENTERPRISES, INC.

Principal Place of Business
8155 NW 66 ST.
MIAMI FL 33166
US

Mailing Address
12253 SW 28 TERRACE
MIAMI FL 33175
US

2. Principal Place of Business: 2408 SW 137 AVE
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33175
Country: Dade

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0085005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	OLIVA, ROLAND	
STREET ADDRESS	12253 SW 28TH TERR	
CITY-ST-ZIP	MIAMI FL 33175-9916	
TITLE	SD	☐ Delete
NAME	OLIVA, RAQUEL	
STREET ADDRESS	12253 SW 28TH TER	
CITY-ST-ZIP	MIAMI FL 33175-2219	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED Roland Oliva Jan 6 2003 305-551-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #