2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # K47138** 1. Entity Name FIRST GREENGO, INC. 04-23-2001 90141 034 ***150.00 Principal Place of Business Mailing Address % THEODORE GOLDBERG % THEODORE GOLDBERG 3301 RALEIGH ST. UNIT C 3301 RALEIGH ST. UNIT C HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0085384 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDBERG, THEODORE Street Address (P.O. Box Number is Not Acceptable) 3301 RALEIGH ST. UNIT C HOLLYWOOD FL 33021 Zio Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change **PSD** ☐ Delete TITLE TITLE WILLIS, DONALD R. NAME NAME STREET ADDRESS STREET ADDRESS 3301 RALEIGH ST. #C CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2001 954-981-2042

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