

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90234 035 ***150.00

DOCUMENT # K92025

1. Entity Name

SOUTH FLORIDA GREEN, INC.

Principal Place of Business

1811 SW 99 PLACE
MIAMI FL 33165
US

Mailing Address

1811 SW 99 PLACE
MIAMI FL 33165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0122115

Applied For

Not Applicable

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

MAYER, KENNETH WARNER
8500 SW 8TH ST
SUITE 250
MIAMI FL 33144

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FLEITES, MIKE
15108 SW 63RD TERR
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FLEITED, MARIE
15108 SW 63RD TERR
MIAMI FL ☐ Delete

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

TITLE
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☐ Delete

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

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 #

8-10-00 (305) 485-3244

CR2E034 (500)

Attachment
Doc. # K92025
A0073994

SOUTH FLORIDAGREEN, INC.
1811 SW 99TH PLACE
MIAMI, FLORIDA 33165

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

Dear Sir:

As per our telephone conversation, I am enclosing a check for \$150.00 together with the second notice of this report.

As I explained to you over the telephone, I never received the first copy and I did not know when the report was due.

If you need any other information regarding this matter, please feel free to write or call me.

Yours truly

A handwritten signature in cursive script, appearing to read "Mike Fleites".

Mike Fleites
President