

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90012 027 \*\*\*150.00

**DOCUMENT # P00000041064**

**1. Entity Name**  
**GREEN MOON, CORP.**

**Principal Place of Business**

**16965 SW 192 ST**  
**MIAMI FL 33187**

**Mailing Address**

**16965 SW 192 ST**  
**MIAMI FL 33187**

**2. Principal Place of Business**

**8300 W Flacker st**

**Suite, Apt. #, etc.**

**SUITE 114**

**City & State**

**MIAMI, FLORIDA**

**Zip**

**33144**

**Country**

**U.S.A.**

**3. Mailing Address**

**8300 W Flacker st**

**Suite, Apt. #, etc.**

**SUITE 114**

**City & State**

**MIAMI, FLORIDA**

**Zip**

**33144**

**Country**

**U.S.A.**



DO NOT WRITE IN THIS SPACE

**4. FEI Number 65-1002164**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RAMIREZ, JUAN CARLOS**

**16965 SW 192 ST**

**MIAMI FL 33187**

**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.**

**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, 2002 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**

**TITLE PD**  
**NAME RAMIREZ, JUAN CARLOS**  
**STREET ADDRESS 16965 SW 192 ST.**  
**CITY-ST-ZIP MIAMI FL 33187**

☐ Delete

**TITLE T**  
**NAME POLANIA, MARITZA**  
**STREET ADDRESS 16965 SW 192 ST**  
**CITY-ST-ZIP MIAMI FL 33187**

☐ Delete

**TITLE VD**  
**NAME RAMIRO VELEZ, GABRIEL**  
**STREET ADDRESS 16965 SW 192 ST.**  
**CITY-ST-ZIP MIAMI FL 33187**

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**TITLE S**  
**NAME MONTOKA, ALFONSO**  
**STREET ADDRESS 16965 SW 192 ST.**  
**CITY-ST-ZIP MIAMI FL 33187**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

**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 REQUIRED**  
**Juan Carlos Ramirez**

**04/15/02**

**Date**

**305-2264600**

**Daytime Phone #**

CR2E034 (9/01)