

3/30/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-30-2001 90326 022 ***150.00

DOCUMENT # P00000056509

1. Entity Name

GREEN VALLEY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3100 N.W. 72ND AVENUE
 UNIT 121
 MIAMI FL 3312

3100 N.W. 72ND AVENUE
 UNIT 121
 MIAMI FL 3312

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

65-10146160

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

A Z REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

Name

TATIANA PEEBLES

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

3100 NW 72nd Ave #121

FL

Zip Code

33122

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

TATIANA PEEBLES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

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	<input type="checkbox"/> Delete
NAME	TATIANA PEEBLES
STREET ADDRESS	3100 NW 72nd Ave #121
CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 authorized 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 which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TATIANA PEEBLES

Date

3/26/01 (305) 591-9605

Daytime Phone #

CR2E034 (10/00)