

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082963

1. Entity Name

GREEN STAR REALTY, CORP.

FILED
Aug 08, 2001 8:00 am
Secretary of State

07-19-2001 90237 019 ***550.00

00000000 AV

Principal Place of Business

1490 W 68 STREET #202
 HIALEAH FL 33014

Mailing Address

1490 W 68 STREET #202
 HIALEAH FL 33014

2. Principal Place of Business

Same.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1041180

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANO, MARIA E
 10254 SW 128 CT.
 MIAMI FL

7. Name and Address of New Registered Agent

Name: *Maria E. Cano*
 Street Address (P.O. Box Number is Not Acceptable): *15237 NW 88 CT.*
Miami
 City: *FL* Zip Code: *33018*

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 12, 2001 Fee 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

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CANO, MARIA E | |
| STREET ADDRESS | 10254 SW 128 COURT | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARRIOS, GRISEL | |
| STREET ADDRESS | 9173 NW 146 TR. | |
| CITY-ST-ZIP | MIAMI FL 33306 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MORALES, DANIEL | |
| STREET ADDRESS | 8208 NW 198 STREET | |
| CITY-ST-ZIP | MIAMI FL 33018 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANO Maria E. | |
| STREET ADDRESS | 15237 NW 88 CT. | |
| CITY-ST-ZIP | Miami Lakes FL 33018 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRIOS Grisel | |
| STREET ADDRESS | 9173 NW 146 TR. | |
| CITY-ST-ZIP | Miami FL 33018 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (5/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-01