2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State DOCUMENT # P01000014536 05-13-2002 90135 026 ***150.00 1. Entity Name GREEN LIGHT SERVICES INC. Principal Place of Business Mailing Address 15476 N.W. 77 CT., #444 15476 N.W. 77 CT., #444 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 н 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Cily & State City & State 4. FEI Number Applied For 1085181 65-Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ---BARRIOS, JOSE LUIS Street Address (P.O. Box Number is Not Acceptable) 15476 N.W. 77 CT., #444 MIAMI LAKES FL 33018 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITI F (9/01) Change ■ Addition BARRIOS, JOSE LUIS NAME NAME 15476 N.W. 77 CT., #444 STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete Change ■ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Addition NAME STREET_ADDRESS STREET ADDRESS

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 employered 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:

CITY-ST-ZIP

FILED