

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0250337 AV

DOCUMENT # P01000031197

1. Entity Name

C.I. ALLGREEN, INC.

04-17-2002 90170 037 ***150.00

Principal Place of Business

7700 N KENDALL DR, SUITE 809
MIAMI FL 33156

Mailing Address

7700 N KENDALL DR, SUITE 809
MIAMI FL 33156

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

65-1092884

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

WOODBRIDGE, FREDERICK JR
7700 N KENDALL DR, SUITE 809
MIAMI FL 33156

Name
1200 PINESTRAVE AVE.
Street Address (P.O. Box Number is Not Acceptable)
City Coral Gables FL Zip Code 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PRADA, JOSE
STREET ADDRESS 7700 N KENDALL DR, SUITE 809
CITY-ST-ZIP MIAMI FL 33156
5707 Penta Ct. Western, FL 33327

TITLE P.D.
NAME Gloria S. Velez
STREET ADDRESS 5707 Penta Ct.
CITY-ST-ZIP Western, FL 33327
☐ Change ☒ Addition

TITLE D
NAME VELEZ, JUAN G
STREET ADDRESS 7700 N KENDALL DR, SUITE 809
CITY-ST-ZIP MIAMI FL 33156
5707 Penta Ct. Western, FL 33327

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

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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

04/03/02

Date

Daytime Phone #

CR2E034 (9/01)