

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90369 020 ***150.00

DOCUMENT # P01000102644

1. Entity Name
DOT GREEN, INC.



Principal Place of Business
**77 WEST 20TH STREET
HIALEAH FL 33010**

Mailing Address
**77 WEST 20TH STREET
HIALEAH FL 33010**

2. Principal Place of Business

6226 SW 131 PL

3. Mailing Address

6226 SW 131 PL

Suite, Apt. #, etc.

Apt. 103

Suite, Apt. #, etc.

Apt 103

City & State

Miami FL

City & State

Miami FL

Zip

33183

Country

US

Zip

33183

Country

US

4. FEI Number

65-1145128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALBA, RAUL P
77 WEST 20TH STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **Jorge I. Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
6226 SW 131 PL Apt 103
City **Miami** FL Zip Code **33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **CLEMENT, JORGE**
STREET ADDRESS **6854 SW 42ND STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☒ Delete
NAME **ALBA, ROBERTO**
STREET ADDRESS **1925 SW 82ND COURT**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PD** ☒ Delete
NAME **RAUL ALBA**
STREET ADDRESS **77 W 20 ST**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **PRESIDENT** ☒ Change
NAME **Jorge I. Gonzalez**
STREET ADDRESS **6226 SW 131 PL Apt 103**
CITY-ST-ZIP **MIAMI, FL 33183**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)