

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90068 025 ***150.00

DOCUMENT # P02000089455

1. Entity Name

THE GREEN PARROT OF CASSELBERRY, INC.



Principal Place of Business
**280 E SR 436 UNIT 29.30 & 31
CASSELBERRY FL 32707**

Mailing Address
**280 E SR 436 UNIT 29.30 & 31
CASSELBERRY FL 32707**

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

06-1643115

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

**VIEIRA MARTINS, ADRIEL
280 E SR 436 UNIT 29.30 & 31
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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	P	<input type="checkbox"/> Delete
NAME	CHAVES, JOHN SR	
STREET ADDRESS	50 HUNTING RIDGE RD	
CITY-ST-ZIP	EASTON CT 06612	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAVES, TERESA	
STREET ADDRESS	50 HUNTING RIDGE RD	
CITY-ST-ZIP	EASTON CT 06612	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAVES, MARLENE	
STREET ADDRESS	50 HUNTING RIDGE RD	
CITY-ST-ZIP	EASTON CT 06612	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAVES, JOHN JR	
STREET ADDRESS	50 HUNTING RIDGE RD	
CITY-ST-ZIP	EASTON CT 06612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Adriel Vieira Martins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.2003

Date

(407) 332-1599

Daytime Phone #

CR2E034 (10/02)