

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**  
09-15-2003 90160 024 \*\*\*158.75

0061579 AV

**DOCUMENT # P02000118786**

1. Entity Name  
**GREEN LANDERS GROUP, INC.**



Principal Place of Business  
**6120 NW 116TH PL., SUITE 417  
MIAMI FL 33178**

Mailing Address  
**6120 NW 116TH PL., SUITE 417  
MIAMI FL 33178**

2. Principal Place of Business  
**6120 NW 116 PL.**

3. Mailing Address  
**6120 NW 116 PL.**

Suite, Apt. #, etc.  
**#417.**

Suite, Apt. #, etc.  
**#417.**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33178** Country  
**USA**

Zip  
**33178** Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ 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

**GUTIERREZ, JUAN  
6120 NW 116TH PL., SUITE 417  
MIAMI FL 33178**

Name  
**N/A.**

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 **President** DATE **09/08/03.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GUTIERREZ, JUAN  
6120 NW 116TH PL., SUITE 417  
MIAMI FL 33178** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SILVA, ALEXANDRA  
6120 NW 116TH PL., SUITE 417  
MIAMI FL 33178** ☐ Delete

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80148476  
#P62000118786



DATE : 09/08/03.

SUBJECT : UBR FILING.

ATT : DEPARTMENT OF CORPORATIONS.

To whom may concern:

The following is bring to your attention that the first notice for UBR was not receive. For these reason , please if is possible waive the penalty fee.

I am sending enclose \$150.00. If i need to pay the fee please send me a letter and I will pay it.

Thank You.

Sincerely;

Juan Gutierrez

