

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

04-23-2003 90260 050 ***150.00

DOCUMENT # P02000125818

1. Entity Name
GREENLADI, INC.



Principal Place of Business
759 40 ST
SARASOTA FL 34234

Mailing Address
759 40 ST
SARASOTA FL 34234

2. Principal Place of Business
711 SOSPNEY AV
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4255
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
03-0496722

Applied For
Not Applicable

Zip
FL 34236

Country
USA

Zip
34230

Country
USA

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

JUDD, STEVEN T
2940 S TAMiami TR
SARASOTA FL 34239

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 \$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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ **Delete**
NAME
RAIAHI, THIERRY
STREET ADDRESS
759 40 ST
CITY-ST-ZIP
SARASOTA FL 34234

TITLE
RAIAHI THIERRY ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ **Delete**
NAME
RAIAHI, GILLES J
STREET ADDRESS
576 CUTTER LN
CITY-ST-ZIP
LONGBOAT KEY FL 34228

TITLE
RAIAHI GILLES ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.28.03 941.928.9499
Date Daytime Phone #

CR2E034 (4/03)