

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 041 ***150.00

DOCUMENT # **P03000102201**

1. Entity Name

GREEN STAR INVESTIGATIONS, INC



DO NOT WRITE IN THIS SPACE

94051810

2. Principal Place of Business

323 NAVARRE AVE.

3. Mailing Address

PO BOX 4166

Suite, Apt. #, etc.

APT. 404

Suite, Apt. #, etc.

323 1825 Ponce de Leon Blvd.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FPI Number

52-2404495

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CLARISSA McNAIR

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

323 NAVARRE AVE.

APT. 404

City

CORAL GABLES FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CLARISSA McNAIR
323 NAVARRE AVE.
CORAL GABLES, FL, 33134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Clarissa McNair (CLARISSA McNAIR)

March 18, 2004

305 441-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)