## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P93000025417

1. Entity Name GREEN JADE, INC.



## FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90156 016 \*\*\*150.00

Principal Place of Business Mailing Address 9158 WILES ROAD 8291-SOUTH-CORAL-CIRCLE—								:- <u>-</u>					
CORAL SPRINGS FL 33065 NORTH LAUDERDALE FL 33068 US													
2. Principal Place of Business				3. Mailing Address					I AMBRIMON IIN NAIDO FRAN DENAI ONIII D	<b>8</b> 111   <b>88</b> 11 <b>8</b>   128	)  #1411 #18 <b>8</b> ( 1		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				<b>4.</b> F	El Number 65-0427247			plied For at Applicable	
Zip		Country	Zip		Count	ıntry -		<b>5</b> . C	Certificate of Status Desired		<b>8.75</b> Add ee Require		
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent Name						
CHAN, RA	YMOND F						Street Address (P.O. Box Number is Not Acceptable)						
8291 S. CORAL CIR.				Street Ad			iaress (P.	.О. вс	ox Number is Not Acceptable)				
NORTH LAUDERDALE FL 33068				- ,									
		City						FL	Zip Code	е			
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									6 Classics Committee Figure		<b>AF 0</b>		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing		O May Be to Fees	
10. OFFICERS AND DIR								ADI	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	3 IN 11	
TITLE	D .			☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	CHAN, RAYMOND F s   8291 S. CORAL CIR.			NAM STRI		ET ADDRESS							
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CITY-ST-ZIP						ST-ZIP							
12. I hereby o		information supplie	ed with this filing	does not qualify for	the exer	notion state	d in Sect	tion 1	19.07(3)(i), Florida Statutes, Ufu	rther certify	that the in	formation	

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:

SIZALI MOVA FIRE SIGNING OFFICER OR STRECTOR

4-23-03

954 346 - 993