2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P93000028150** Mar 31, 2000 8:00 am **Secretary of State** GREEN PARK POINCIANA, INC. 03-31-2000 90087 026 ***150.00 Principal Place of Business Mailing Address 2309 SWEETWATER COUNTRY CLUB PLACE 2309 SWEETWATER COUNTRY CLUB PLACE APOPKA FL 32712 APOPKA FL 32712-2501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3181169 Not Applicable \$8.75 Additional Zip -Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARRELL, MARCIA Street Address (P.O. Box Number is Not Acceptable) 2309 SWEETWATER COUNTRY CLUB PLACE APOPKA FL 32712 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition ☐ Delete TITLE TITLE NAME FARRELL, MARCIA F NAME STREET ADDRESS STREET ADDRESS 2309 SWEETWATER COUNTRY CLUB PL CITY-ST-7IP CITY-ST-ZIP APOPKA FL ☐ Change Addition ☐ Delete TIT! E NAME NETO, ELIAS S NAME STREET ADDRESS 2309 SWEETWATER COUNTRY CLUB PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete TITLE Change Addition TITLE NAME NAMOUR, JAMIL Z NAME STREET ADDRESS 2309 SWEETWATER COUNTRY CLUB PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 Change ☐ Addition TITLE ☐ Delete ABU-KESSM, LUIZ S NAME STREET ADDRESS STREET ADDRESS 2309 SWEETWATER COUNTRY CLUB PLACE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete ☐ Change ☐ Addition TITLE TITLE SERAFIM, EMILIO NAME STREET ADDRESS STREET ADDRESS 2309 SWEETWATER COUNTRY CLUB PLACE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 407-834-4443

Date Dayline Phone #