

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036847

1. Entity Name

GREEN ROSE PRESS, INC.

Principal Place of Business

2436 N. FEDERAL HWY.
#184
LIGHTHOUSE POINT FL 33064

Mailing Address

2436 N. FEDERAL HWY.
#184
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0415084

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

GILBERT RIVARD, ANDREA
1300 SW 7TH AVE.
DEERFIELD BEACH FL 33441

Name Andrea Gilbert

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

5174 NE 6th Ave #526

City Oakland Park

FL

Zip Code 33334

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME GILBERT RIVARD, ANDREA
STREET ADDRESS 1300 SW 7TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE R
NAME Andrea Gilbert
STREET ADDRESS 5174 NE 6th Ave #526
CITY-ST-ZIP Oakland Park FL 33334 ☒ Change ☐ Addition

TITLE ADMA
NAME GILBERT, JOHN
STREET ADDRESS 27205 CORNELL ST.
CITY-ST-ZIP HEMET CA 92544 ☐ Delete

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

TITLE ASTC
NAME GILBERT, DORA
STREET ADDRESS 27205 CORNELL ST.
CITY-ST-ZIP HEMET CA 92544 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrea M Gilbert* Andrea M Gilbert

4/13/01 (954)202-4361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)