

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90038 043 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1861 N. Federal Hwy
 Suite, Apt. #, etc.
 # 263

3. Mailing Address
 1861 N. Federal Hwy
 Suite, Apt. #, etc.
 # 263

City & State
 Hollywood FL
Zip
 33020
Country
 USA

City & State
 Hollywood FL
Zip
 33020
Country
 USA

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

GILBERT, ANDREA
 5174 NE 6TH AVE
 #526
 OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name Andrea Gilbert
Street Address (P.O. Box Number is Not Acceptable)
 2424 Hollywood Blvd
 Above Doris Market
City Hollywood **FL** **Zip Code** 33020

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 Andrea Gilbert Andrea Gilbert 4/20/02
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, 2002 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	GILBERT, ANDREA	
STREET ADDRESS	5174 NE 6TH AVE #526	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	ADMA	<input type="checkbox"/> Delete
NAME	GILBERT, JOHN	
STREET ADDRESS	27205 CORNELL ST.	
CITY-ST-ZIP	HEMET CA 92544	
TITLE	ASTC	<input type="checkbox"/> Delete
NAME	GILBERT, DORA	
STREET ADDRESS	27205 CORNELL ST.	
CITY-ST-ZIP	HEMET CA 92544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Gilbert	
STREET ADDRESS	1861 N. Federal Hwy #263	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Gilbert Andrea Gilbert 4/20/02 954 920 2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)