

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90074 046 ***150.00

DOCUMENT # P93000071077

1. En *me*
Green Solutions International, Inc

Principal Place of Business Mailing Address
PO Box 141798 Po Box 141798
Coral Gables Fla. Coral Gables Fla.
33134 33134

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0451641**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Fullerton Peter V
2601 S Bayshore Dr
Miami Fla 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 revisiting) 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		
TITLE		<input type="checkbox"/> Delete
NAME	DPC	
STREET ADDRESS	Bravo Edgar	
CITY-ST-ZIP	PO Box 141798 (N/A)	
	Coral Gables 33134 FI	
TITLE	DC	<input type="checkbox"/> Delete
NAME	Sholley Pete	
STREET ADDRESS	PO Box 141798 (N/A)	
CITY-ST-ZIP	Coral Gables 33134 FI	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Edgar Bravo	
STREET ADDRESS	PO Box 141798	
CITY-ST-ZIP	Coral Gables Fla 33134	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Fullerton Peter V.	
STREET ADDRESS	2601 S Bayshore Dr.	
CITY-ST-ZIP	Miami 33133	
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		<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		

3. 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: _____
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

CR2E034 (11/00)