

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024043

1. Entity Name

GREEN PALMS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3126 BURKE STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA 33614

City & State

4. FEI Number

59-3233078

Applied For

Not Applicable

Zip

33614

Country

U S A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EFRAIN JAIMES

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

3126 BURKE STREET

City

TAMPA

FL

Zip Code

33614

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT

EFRAIN JAIMES

3126 BURKE STREET

TAMPA, FLORIDA 33614

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVS

JUAN VENCES

2933 WEST PINE STREET

TAMPA, FLORIDA 33607-3203

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

500020965975

06/18/03--01031--001 **150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAN JAIMES-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/03 (813)299-3777

Date

Daytime Phone #

CR2E034B (12/02)