

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092804

1. Entity Name

GREENPLEASE, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90125 048 \*\*\*150.00

Principal Place of Business

280 SE 11TH ST  
POMPANO BEACH FL 33060  
US

Mailing Address

1511 E. COMMERCIAL BLVD  
SUITE 128  
FT LAUDERDALE FL 33334-5717  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 70066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33307

USA

4. FEI Number

65-0653377

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

RENZ, HEINZ

280 SE 11TH ST

POMPANO BEACH FL 33060

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 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	RENZ, HEINZ	1511 E. COMMERCIAL BLVD, SUITE 128	FT LAUDERDALE FL 33334	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RENZ, HEINZ	1511 E. COMMERCIAL BLVD, SUITE 128	FT LAUDERDALE FL 33334	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*H. Renz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00  
Date

(954) 788-9585  
Daytime Phone #

CR2E034 (9/99)