

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077058

1. Entity Name

GREEN GRAPHICS, CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90063 040 ***150.00

Principal Place of Business

2750 N.E. 183 STREET
 SUITE 205
 AVENTURA FL 33160

Mailing Address

256 N.W. 42 AVENUE
 MIAMI FL 33126-5452

2. Principal Place of Business

16300 NE 19 ave.
 Suite, Apt. #, etc.
 # 102

3. Mailing Address

256 NW 42 ave.
 Suite, Apt. #, etc.

City & State

N. Miami Fl.

City & State

Miami Fl.

Zip

Country

33162

U.S.

Zip

33126

Country

U.S.

4. FEI Number

65-0693354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRINSUN, MARCELO J
 2750 N.E. 183 STREET
 SUITE 205
 AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name
 Marcelo Grinspun
 Street Address (P.O. Box Number is Not Acceptable)
 16300 NE 19 ave. #102
 North Miami Fl 33162
 City
 North Miami FL Zip Code
 33162

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINSUN, MARCELO J 2750 N.E. 183 STREET, SUITE 205 AVENTURA FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grinspun, Marcelo J 16300 NE 19 ave. North Miami FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 014 (9/93)