

9/10/2002-90228-013-\$550.00-\$550.00
* 5/27/2002-90280-016-\$150.00-\$150.00

FOR PROFIT CORPORATION: UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010592

1. Entity Name

GREEN GRASS LAWN SERVICE, INC.

DO NOT WRITE IN THIS SPACE

978923

2. Principal Place of Business
17891 NE 19 AVENUE

3. Mailing Address
P.O. BOX 630426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FL

4. FEI Number
65-0724233

Applied For
 Not Applicable

Zip
33162

Country
USA

Zip
33162

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LUIS H. GRAMAJO

Street Address (P.O. Box Number is Not Acceptable)
17891 NE 19TH AVENUE

City
NORTH MIAMI BEACH

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
GRAMAJO, LUIS H. *President*
17891 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois H. GRAMAJO

DATE

Daytime Phone #

09/05/02 205-945-6341

To,

Dept. of State.

Reg - P97000010592
Corporation Renewal

Dear Sir,

Enclosed annual report -
with title listed.

This form was delivered to
my neighbour who was ^{on} vacation
overseas, when he came to USA from
vacation, he gave me the mail. I -
also report - this incident to post-
office supervisor.

I am returning the
completed form.

Thank you very much
Sincerely yours