

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90070 029 ***150.00

0153004 FP

DOCUMENT # P97000010592

1. Entity Name
GREEN GRASS LAWN SERVICE, INC.



Principal Place of Business
**17891 NE 19 AVE
NORTH MIAMI BEACH FL 33162
US**

Mailing Address
**P.O. BOX 630426
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0724233**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**GRAMSJO, LUIS H
17891 NE 19 AVE
N MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAMAJO, LUIS M 17891 NE 19 AVE NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

Attachment
80138522

To,

FLA. Dept. of State.

Tallahassee, FL,

Re: DOC.# 97000010592

UNIFORM BUSINESS Report
2003

ENCLOSED CHECK IN THE AMOUNT
OF \$150.00 AS PER YOUR INSTRUCTIONS -
OVER THE PHONE. THANK YOU VERY MUCH.

I NEVER RECEIVED THE RENEWAL
NOTICE, WE HAVE MAIL PROBLEM IN
THIS AREA, MY NEIBOURS ALWAYS
BRINGS MY MAIL, BECAUSE IT WAS
DELIVERED TO THEM IN MISTAKE.

ALSO

Attachment # 80138522
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097000010592

PLEASE ACCEPT MY RENEWAL
FOR 2003.

THANK YOU KINDLY

SINCERELY YOURS.

Luis GRAMATO
(PRESIDENT.)
