2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000012245 DOCUMENT #

1. Entity Name

GREEN SHIELD TECHNOLOGIES, INC.

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Apr 18, 2003 8:00 am \$ Secretary of State

04-18-2003 90216 038 ***150.00

						- OWE									
Principal Place of Business 3000 NW 109TH AVE STE 202 MIAMI FL 33172 US 2. Principal Place of Business			Mailing Address 3000 NW 109TH AVE STE 202 MIAMI FL 33172 US 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Псн	ECK HEBE	IE MAKIN	IG CHANG	ES		
								☐ CHECK HERE IF MAKING C					TATOLO		
City & Stat	te	·	City & State					4. FEI Number 65-0734312					Applied For Not Applicable		
Zip		Zip Country			try							3.75 Additional e Required			
	6. Name	and Address of Current F	Registered	gistered Agent					7. Name and Address of New Registered Agent						
			·		تمست	-Name		==							
ORDONIZ, 1126 SW	, Juan C 158th Way					Street Ac	Idress (P.	О. Вох	Number is Not	Acceptable	e)				
PEMBROK	(E PINES FL	. 33027·													
				City					F	L Zip C	Code				
	e named entity tions of regist	submits this statement for ered agent.	the purposi	e of changing its r	egistere	ed office or	registered	d agen	t, or both, in the	State of Fl	orida. I ar	n familiar w	ith, ar	nd accept	
SIGNATURE .	Signature, typed	; or printed name of registered agent ar	nd title if applica	ble. (NOTE:	Registered	d Agent signatur	re required wh	hen reinst	tating)		DATE			<u> </u>	
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State						9. Election Ca Trust Fund	ampaign Fli Contributio				May Be Fees	
10.		OFFICERS AND D		<u> </u>	11.			ADDI	TIONS/CHANG	ES TO OFF	CERS AN	ID DIRECT	OBSI	N 11	
TITLE NAME	CARRERA	OSCAR 56, NO 79-127 APTO 6 JILLA, COLOMBIA	31112010110	Delete	TITLE NAME STREE	1		7,551	<u> </u>	120 10 011	, JOE 10 7 11	☐ Chang		Addition	
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12. I hereby certify that the information supplied with this filling 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 ampowered 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: