04/25/2000 08:25 954-753-1562 MARSHALL WEXLE

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90001 023 ***150.00

DOCUMENT # P97000058209

1. Entity Name
A.J. GREEN SOLUTIONS, INC.

Principal Place of Business
13798 NW 4th STREET
SUITE 309
SUNRISE, FL 33325

Mailing Address
13798 NW 4th STREET
SUITE 309
SUNRISE, FL 33525

C0088899

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13798 NW 4th STREET	13798 NW 4th ST
Suite, Apt. #, etc.: SUITE 309	Suite, Apt. #, etc.: SUITE 309
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number 65-0767118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH DAWSON
320 DAVIE BLVD
FT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] ANDREW GREEN 4/26/00 954-846-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)