

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90145 014 ***150.00

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DOCUMENT # P97000074722

1. Entity Name
GRN CORPORATION



Principal Place of Business
12717 WEST SUNRISE BLVD
SUITE 360
SUNRISE FL 33323
US

Mailing Address
12717 WEST SUNRISE BLVD
SUITE 360
SUNRISE FL 33323
US

2. Principal Place of Business
7320 GRIFFIN ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

City & State
DAVIE - FLORIDA

City & State

4. FEI Number **65-0778304**

Applied For
Not Applicable

Zip
33314

Country
U.S.

Zip

Country

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

☐ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANEY, ROBERT K
2100 W. 76TH STREET
SUITE 211
HIALEAH FL 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **LARA, RODRIGO**
STREET ADDRESS **12505 NW 10TH PLACE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003 954-327-5891
Date Daytime Phone #

CR2E034 (10/02)